



HOMEOWNER SERVICE PROVIDER INSPECTION FORM

Name: _____ Date of Inspection: _____

Property Address: _____ Township: _____

PRIMARY TREATMENT									
Is the tank an aeration tank? (Slide 8)	Yes	No	Unknown	If it is an aeration tank, is the motor present?	Yes	No	Motor Installed		
If it is an aeration tank, is the motor working?	Yes	No		Tank construction (circle all that apply): (Slide 41) Precast Concrete Concrete Block Plastic Brick Clay Crock Vitreous Crock Steel/Metal Unknown					
How many tanks are there?	1	2	Unknown						
Does the tank appear to be in sound condition? (Slide 40)	Yes	No	Unknown						
Total tank capacity in gallons:				Number of residents that live in home:					
Is there a lift station? (Slide 52)	Yes	No		If yes, are mechanical components working? (Slide 52)	Yes	No			
Are there risers on the tank? (Slide 42)	Yes	No		Are the lids/risers in good condition? (Slide 43)	Yes	No			
Tank lids intact and secure (a child could not remove them)? (Slide 44)	Yes	No		Tree roots present in or around tank? (Slide 45)	Yes	No			
Signs of heavy traffic over tank? (Slide 46)	Yes	No		Is there an effluent filter installed? (Slide 47)	Yes	No	Unknown N/A		
If no, was a filter installed? (Slide 47)	Yes	No		If there is an effluent filter was it cleaned? (Slide 47)	Yes	No			
Any structure built over tank? (Slide 48)	Yes	No		Date tank last pumped, if known? (Slide 49)					
If you are following Pumping Schedule B, the items in blue do <u>NOT</u> need to be documented.									
A. Depth of water column (inches) = (bottom of tank to top of water)				B. Sludge depth in tank (inches) =					
C. Depth of scum layer (inches) =				$\frac{A + B}{C} \times 100 = \% \text{ Solids (slide 50) =}$					
*IF THE SLUDGE LAYER PLUS THE SCUM LAYER EXCEEDS 30% OF THE TOTAL DEPTH OF THE TANK, IT IS TIME TO HAVE THE TANK PUMPED BY A REGISTERED SEPTAGE HAULER									
SECONDARY TREATMENT									
Are there signs of wastewater surfacing? (Slide 55)	Yes	No	Unknown N/A	Are there trees or large shrubs in the area whose roots might clog the system?	Yes	No	Unknown N/A		
Are there signs of heavy traffic over the treatment area?	Yes	No	Unknown N/A	Is a structure built over treatment area?	Yes	No	Unknown N/A		
Inspection ports: Is there standing water in ports? (Slide 55)	Yes	No	N/A	Are distribution components in good condition?	Yes	No	N/A		

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OTHER INFORMATION

Does laundry waste go to the sewage system? (Slide 58)	Yes	No	Unknown N/A	Do footer drains or sump pump feed into the sewage system? (slide 58)	Yes	No
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Does water softener discharge to system? (Slide 58)	Yes	No	Unknown N/A	Explain if the above question is not applicable.		
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VALIDATION

List all repairs, additional work, & comments:

I have completed this inspection to the best of my knowledge. This inspection report represents the observations at the time of the inspection

Signature:

In the space below provide a drawing of the system. Include the following: A road reference; 2 distance references off a permeant structure such as the home for the tank; location of any other components - including inspection ports, distribution components and secondary systems; if known - location of any off-site drainage.

North

