Steuben County Onsite System Inspection Form

Property Information

Property Owner ____________________

Property Address ____________________

City ____________________ State ________ Zip ________ County ____________________

Type of Dwelling or Facility ____________________

Directions to Site ____________________

Date of Inspection: ____________________

Inspector Information

Inspector Name ____________________ Certification No. ____________________

Company ____________________

Mailing Address ____________________

City ____________________ State ________ Zip ________ Phone ____________________

Directions for use:

1. Complete a thorough background search of documentation for the onsite sewage system that is to be inspected. Any pertinent data that is located should be included with this report.
2. Complete this form as thoroughly as possible. If there is a component listed on the form that is not present in the onsite sewage system, mark that item as N/A and proceed to the next item. If there are items in the onsite system that are not listed on the form, describe these items in the notes area or on separate forms which might be available from the manufacturer. Record all notes for each section to the right in the space provided.
3. Provide the Steuben County Health Department a copy of the inspection report and all supporting documentation.
4. Key to form: UNK = Unknown N/A = Not Applicable CND = Could Not Determine

Section 1. Background Search

Yes	No	N/A	
			a. Is there a permit on file in the local health department?
			Permit No. ________ Installation Date ________
			b. Is there a system installed at the site that is not documented in the local health department?
			Submit a sketch of the undocumented system with this report. Label all components.
			Does the undocumented system consist of a septic tank and a soil absorption field that has not failed?

If **yes**, proceed to inspect the system and record all findings in this report.

If **no**, describe what type of sewage disposal is currently being utilized and submit a sketch of the system with this report.

Section 2. Owner Interview and House Plumbing Inspection

Yes	No	Unk	
			a. Is home currently occupied? If no, date last occupied? ________

Current # occupants ________ Anticipated # occupants ________

b. Number of bedrooms as stated by owner ________

c. Number of jetted tubs with ≥125 gallon capacity? ________

d. Water Supply Source:

________ Public

________ Private ________ Well ________ Surface Water ________ Other

Section 2. Owner Interview and House Plumbing Inspection (cont'd)

Yes	No	Unk	
☐	☐	☐	e. Have there been any sewer backups in the home?
☐	☐	☐	f. Does all plumbing in home drain to the onsite sewage system?
☐	☐	☐	g. Is there any other structure on the property with plumbing?
☐	☐	☐	If **yes**, do the building sewer drains for that structure discharge to the onsite sewage system?
			If **no**, explain ______________________
☐	☐	☐	h. Are there any businesses in any structures on the property (i.e. daycare, salon, bakery, etc.)?

Section 3. General Site and System Assessment

Yes	No	CND	
			a. Weather conditions on day of inspection ______________________
☐	☐	☐	b. Has there been an extended period of precipitation/snow melt recently?
☐	☐	☐	c. Has there been an extended drought period recently?
☐	☐	☐	d. Do all system components appear to be located on the property where the sewage originates or within the area of the recorded easement?
☐	☐	☐	e. Has there been any recent digging or excavation in the area of the onsite system?
			If **yes**, explain ______________________
☐	☐	☐	f. Are there any components of the system that are not indicated on the permit?
			If **yes**, explain ______________________
☐	☐	☐	g. Have all applicable separation distances been met?
☐	☐	☐	h. Are there any signs of surfacing sewage or effluent within the system?
☐	☐	☐	i. Are there any wet or soft spots in the ground in the area of the system?

Section 4. Onsite System Components - Tanks and Sewers

Yes	No	CND	
			a. **Residential Sewer**
☐	☐	☐	1 Is there a cleanout accessible on the residential sewer?
☐	☐	☐	2 Does the residential sewer line appear to be draining properly?
☐	☐	☐	3 Is there evidence of a effluent backup (staining in the cleanout)?

b. **Septic Tank**

1 No. of septic tank(s) __________

	Tank 1	Tank 2
Capacity (if known)	gal	gal
No. Compartments		
Material		
Manufacturer		

Yes	No	CND	
☐	☐	☐	2 Is there a riser to final grade on all septic tanks? (required on all tanks installed after 12/21/90) Tanks installed prior to 12/21/90 are not required to have a riser to final grade.
☐	☐	☐	3 Are the joints between the tank and riser and between the riser sections water tight?
☐	☐	☐	4 Are the septic tank(s) riser lid(s) safely secured?
☐	☐	☐	5 Are the riser lid(s) structurally sound?
☐	☐	☐	6 Is there a secondary plug installed in each tank riser? (Required on residential tanks installed after 7/1/96)
☐	☐	☐	7 Is the inlet baffle in place and functional?

Section 4. Onsite System Components - Tanks and Sewers (cont'd)

Yes	No	CND	
			b. **<u>Septic Tank (Cont'd)</u>**
			8 Is there an outlet baffle in place and functional? (May be replaced with outlet filter)
			9 Is the effluent level appropriate in the septic tank (at the outlet invert)?
			10 Is there evidence of previous high level in the septic tank (scum or debris on the inlet/outlet pipes)?
			11 Is there any root intrusion in the tank?
			12 Is the tank in good condition?
			13 Does the tank appear to be watertight?
			14 Was the septic tank pumped as part of this inspection? Date ______________
			If **no**, does the septic tank need pumped?
			If the tank was pumped, did effluent run back into the tank from the SAF?
			If **yes**, approximately how much? ________ gal.
			c. **<u>Outlet Filter</u>** (required on septic tanks installed after 1/1/2011)
			1 Outlet Filter location ______ Outlet of tank ______ Secondary chamber
			2 Does the outlet filter need to be serviced?
			d. **<u>Dosing Tank</u>**
			1 Dose Tank Capacity ________ gal. Dose Tank Material ______________
			2 Is there a riser to final grade on the dosing tank?
			3 Are the joints between the tank and riser and between the riser sections water tight?
			4 Is the riser lid safely secured?
			5 Is the riser lid structurally sound?
			6 Does the final grade around the tank promote surface water infiltration?
			7 Is there a secondary safety device in the dosing tank? (Required on residential tanks installed after 7/1/96)
			8 Is the effluent in the tank at the appropriate level (below the on float)?
			9 Is there evidence of previous high level in the tank?
			10 Is there any root intrusion in the tank?
			11 Concrete tanks - Is there evidence of concrete corrosion in the tank?
			12 Concrete tanks - Is any reinforcing steel, welded wire or rebar exposed in the tank?
			13 Poly / plastic tanks - Is there any deformity of the tank?
			14 Is the tank cracked?
			15 Does the tank appear to be watertight?
			16 Was the dosing tank pumped and cleaned as part of this inspection? Date __________
			If **no**, does the dosing tank need cleaned?
			17 Are the inlet and outlet seals watertight?
			Were the seals ______ Dug up? ______ Observed from inside tank?
			e. **<u>Effluent Pump</u>**
			1 Is there an effluent pump in the dosing tank?
			Pump Manufacturer ______________ Pump Model ______________
			2 Is the pump functioning (tested by activating the on float)?
			3 Is there an alarm float or sensor?

Section 4. Onsite System Components - Tanks and Sewers (cont'd)

Yes	No	CND	
			e. **Effluent Pump (Cont'd)**
			4 Is the alarm float or sensor functioning (tested by activating the alarm sensor)?
			5 Is the pump completely submerged at all times?
			6 Is the electrical junction box and wiring installed in a safe and secure manner?
			7 Are the pump and the alarms on separate circuits?
			8 Is there a quick disconnect device installed in the pump discharge line?
			9 Is there a lifting rope or chain for the effluent pump?
			f. **Effluent Sewer and Effluent Force Main**
			1 Is there any evidence that the **effluent sewer pipe** has broken, is plugged, has settled or has become disconnected from any component?
			2 Is there any evidence that the **effluent force main** has broken, is plugged or has become disconnected from any component?
			g. **Flow Diversion Valve**
			1 Is there a flow diversion valve installed in the system? (if **no**, proceed to subsection b)
			2 Can the flow diversion valve be operated properly?

Section 5 Onsite System Components - Distribution and Soil Absorption Field

Yes	No	CND	
			a. **Distribution Box(es)** (if more than 1, record for all boxes)
			1 Is there a distribution box installed in the system?
			If yes, how many? ________
			Distribution Box Material _____Concrete Other (specify) ________________
			2 Is there a riser extended to the ground surface for all distribution boxes?
			3 Is there a baffle, 90° elbow or sanitary tee in place on the inlet?
			4 If there is an elbow in the distribution box, is there a weep hole on the top of the elbow?
			5 Is the flow equally distributed to all outlets of the box?
			6 Are there flow equalization devices installed on the outlets of the box ?
			7 Is the effluent level in the distribution box appropriate (at the invert of the outlets)?
			8 Is there evidence of previous high water event in the distribution box?
			9 Are there solids in the distribution box?
			10 Does the distribution box appear to be watertight?
			11 Is there evidence of corrosion or concrete deterioration in the distribution box?
			12 Is there evidence of cracking or warping of the distribution box?
			13 Is the distribution box lid cracked, broken, missing or otherwise need replaced?
			b. **Soil Absorption Field - General** (complete for all soil absorption field types)
			1 Does all effluent discharge to the soil absorption field?
			If no, what is the means of effluent discharge? ______________________________
			2 Does the soil absorption field discharge effluent?
			3 Are there spongy or saturated areas within the soil absorption field?
			4 Are there any areas of lush vegetation within the soil absorption field?

Section 5. Onsite System Components - Distribution and Soil Absorption Field (cont'd)

Yes	No	CND	
			b. **Soil Absorption Field - General (Cont'd)** (complete for all soil absorption field types)
☐	☐	☐	5 Are there any indications of a previous failure of the soil absorption field? If yes, decribe ________
☐	☐	☐	6 Is there vegetative cover over the soil absorption field? ____ Grass ____ Weeds ____ Trees ____ Other
☐	☐	☐	7 Is there a minimum of 12" of soil cover over the soil absorption field?
☐	☐	☐	8 Is the soil cover appropriately crowned to promote surface water runoff from the SAF?
☐	☐	☐	9 Does surface water, roof drains or sump pump discharge drain onto the SAF area?
☐	☐	☐	10 Are there observation wells/ports installed in the soil absorption field?
☐	☐	☐	If **yes**, is water observed in the observation well(s)/port(s)?
☐	☐	☐	11 Is the water level inappropriately high in the observation well(s)?
☐	☐	☐	12 Have there been any modifications in the soil absorption field due to landscaping?
			c. **Soil Absorption Field - Subsurface Trenches**
			1 Number of trenches ________
			2 Length of trenches ________
☐	☐	☐	3 Are all trenches the same length? ________
			4 What are the trenches constructed of?
			____ Aggregate / Pipe ____ Chambers ____ Other - Describe
			____ Tire Chips / Pipe ____ Gravelless Pipe ________
			d. **Soil Absorption Field - Elevated Sand Mound**
☐	☐	☐	1 Are the dimensions of the elevated sand mound the same as indicated on the installation plan?

Section 6 Dispersal Area and Drainage

Yes	No	CND	
			a. **Dispersal Area** (prior to 1/1/2011, the requirements for dispersal area were different)
☐	☐	☐	1 Is there a dispersal area of appropriate size and location for the system?
☐	☐	☐	2 Is the dispersal area free from structures and compaction?
☐	☐	☐	3 Does the dispersal area pond water or flood after rain?
			b. **Surface Diversion**
☐	☐	☐	1 Is there a surface diversion upslope of the system?
☐	☐	☐	2 Does the surface diversion adequately divert surface water around the onsite system?
☐	☐	☐	3 Are gutters, downspouts, sump pump discharges, etc. directed away from the system?
			c. **Subsurface Drainage**
☐	☐	☐	1 Is there subsurface drainage for the system?
			If yes, what type(s) ____ Perimeter ____ Interceptor ____ Segment
			2 Minimum depth of subsurface drainage ________ in.
☐	☐	☐	3 Is there aggregate backfill in the drain excavation to within 6" of the surface?
☐	☐	☐	4 Is there aggregate backfill in the drain excavation to the surface of the ground?
			5 Where does the drainage tile outlet?
			____ Existing Tile ____ Pond/Creek/Swale (to daylight)
☐	☐	☐	6 If the tile outlets to daylight, is there a rodent guard in place?

Section 6 **Dispersal Area and Drainage (cont'd)**

Yes	No	CND	
			c. **Subsurface Drainage (Cont'd)**
			7 Does the drain appear to be working properly?
			8 Is the drainage outlet currently flowing water (if observable)?

Additional Notes

Key: UNK = Unknown N/A = Not Applicable CND = Could Not Determine

This system inspection report indicates the present condition of the onsite sewage system located on the above referenced property. Due to differences in system use and maintenance, soil characteristics, and other factors, the results of this evaluation do not guarantee or warranty any future performance or longevity of the system evaluated. Items that are not available for inspection, or are not accessible using reasonable means, have not been inspected and are noted in the report. Any items not inspected during the initial inspection should be reinspected as soon as possible to provide a complete report. This system inspection report may or may not be viewed by the local health department. You may contact your local health department for assistance and verification purposes. This system inspection report is not meant to imply approval or disapproval of the onsite system at this location. The intent of this inspection is to document the components, location and functionality of the onsite system inspected. Please contact your local health department for assistance in determining whether the onsite system is approved for use and/or if the system is in compliance. (IOWPA, 2013)

Inspector Name: ____________________

Inspector Signature: ____________________

Property Owner Name: ____________________

Property Owner Signature: ____________________

Other individuals present: ____________________