



# DELTA COUNTY ENVIRONMENTAL HEALTH

## Onsite Wastewater Treatment System Inspection Report

Ordered by Whom: \_\_\_\_\_ Date: Time Scheduled: \_\_/\_\_/2\_\_ \_\_:\_\_:\_\_am pm

Send Copy to: \_\_\_\_\_ Email to: \_\_\_\_\_

Site Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

### A. General Information: (Obtain as much as possible when inspection ordered)

1.) Age of wastewater treatment system: \_\_\_\_\_ years.  Unknown

Is this system recently permitted (last 10yrs)?  Yes  No

2.) Number of people occupying dwelling: \_\_\_\_\_ Currently: \_\_\_\_\_ Anticipated: \_\_\_\_\_

If currently unoccupied, for how long has it been vacant? \_\_\_\_\_ months

3.) Number of bedrooms in dwelling: \_\_\_\_\_ Flow meter:  Yes  No

4.) Has there ever been a backup in the house?  Yes  No

5.) List any known repairs made to the system (and permit number):

6.) Has the system recently been inspected by others?  Yes  No

If so, who? \_\_\_\_\_ Did it fail?  Yes  No (*attach report*)

7.) Is there a service contract for system components?  Yes  No

Company: \_\_\_\_\_

8.) Date the treatment tank last pumped: \_\_\_\_\_  Never to my knowledge

At what frequency? \_\_\_\_\_ Company: \_\_\_\_\_

The above information is true to the best of my knowledge.

Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Additional Comments:

## B. System Type

1.) Components of Wastewater Treatment System – complete as necessary

Pretreatment Unit 1: [ \_\_\_\_\_ ] [gallons or gpd]

Pump: Pump tank 1: \_\_\_\_\_ / \_\_\_\_\_ gpm/tdh [ \_\_\_\_\_ ] [ gallons]

Pretreatment Unit 2: [ \_\_\_\_\_ ] [gallons or gpd]

2.) Pump: Pump tank 2: \_\_\_\_\_ / \_\_\_\_\_ gpm/tdh [    ] [ gallons]

3.) Soil Treatment Unit: \_\_\_\_\_ [ \_\_\_\_\_ ] [square feet]

Additional Components:

4.) Gray-water, run-off, or drainage system present?

None

Surface

Subsurface Discharge

Comments:

## C. Evaluation Procedures: Check the appropriate boxes to *pass*.

Locate, access, and open the septic tank cover.

Yes

No

If at grade, is the cover intact and “secure?”

Yes

No

Can surface water infiltrate into the tank?

Yes

No

Any indicators of previous failure?

Yes

No

Inspect lid, inspect level, measure sludge and scum, check effluent screen.

Yes

No

Run an operation test

Yes

No

Gallons added in the test:gallons

If applicable, pump out primary treatment tank

Yes

No

Listen and observe for backflow into the tank from the outlet pipe.

Comments: \_\_\_\_\_

*Caution: Do not pump the treatment tank if there is evidence of a malfunction in any portion of the system.*

Inspect the condition of the primary treatment tank

Yes

No

(for cracks, infiltration, deterioration, or damage)

and the integrity of the inlet and outlet baffles (for deterioration or damage)

Yes

No

**NEVER enter a tank unless proper confined space entry procedures are followed!**

- Does the system contain a dosing or pump tank, ejector or grinder pump?  Yes  No
- If so, Did you check the integrity of the tank (cracks, infiltration, etc.)?  Yes  No
- Is the pump elevated off the bottom of the chamber?  Yes  No
- Does the pump work?  Yes  No
- If there is a check valve, is a purge hole present?  Yes  No
- Is there a high water alarm?  Yes  No
- Does the alarm work?  Yes  No
- Do electrical connections appear satisfactory?  Yes  No
- Did you clean the pump tank?  Yes  No

*Probe the soil treatment area* to determine its location  Yes  No  
and to check for excessive moisture, odor, and/ or effluent.

Type of distribution:  Gravity  Pressure

Is There (check box when photos are added):

- Any indication of a previous failure?  Yes  No
- Evidence of seepage visible on the lawn (salt deposit)?  Yes  No
- Evidence of lush vegetation present?  Yes  No
- Ponding water in the Distribution media?  Yes  No
- Even distribution of effluent in the field?  Yes  No
- Determine approximate distance between water well and soil treatment area.  
Approximate distance is \_\_\_\_\_ feet.

Include Photos or Explain answers as necessary:

## **D. Sketch of System**

For reproducible results, show dimensions from structures that will not change, such as corners or the house. Show details, such as the road, in relation to the house to get the correct orientation. Show all located components. (Include photos here if available.)

## E. Checklist Summary

1. Pretreatment Unit 1 is in  Acceptable  Unacceptable condition.

2. Pretreatment Unit 2 is in  Acceptable  Unacceptable condition.

*Comments:*

3. Soil Treatment area is in  Acceptable  Unacceptable condition.

*Comments:*

4. Pump and pump tank is in  Acceptable  Unacceptable condition.

*Comments:*

### *Delta County Environmental Health Disclaimer*

***Based on what we were able to observe and our experience with onsite wastewater technology, we submit this Onsite Wastewater Treatment System Inspection Report based on the present condition of the onsite wastewater treatment system. Delta County Environmental Health has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future. Because of the numerous factors (usage, soil characteristics, previous failures, etc.) which may affect the proper operation of a wastewater treatment system, this report shall not be construed as a warranty by our company that the system will function properly for any particular buyer. Delta County Environmental Health DISCLAIMS ANY WARRANTY, either expressed or implied, arising from the inspection of the wastewater treatment system or this report. We are also not ascertaining the impact the system is having on the environment.***