**Septic System Inspection Report**

Client Information

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing Address, Town, State, ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Owner Information

 Same as Client  **** Yes **** No

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing Address, Town, State, ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Inspector’s Information**

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

Inspector’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certification #\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address, Town, ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Property Information**

Location (road, town) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Map #\_\_\_\_\_\_\_ Lot #\_\_\_\_\_\_\_ Lot Size: \_\_\_\_\_\_\_\_\_\_ **** acres ****  square feet

Zoning: **** Shoreland Zone **** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Design Information:**

Current use of system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The subject system was installed after July, 1974. **** Yes ****  No

A record search was conducted, including owner, municipal, and state sources. **** Yes ****  No

An HHE-200 Form (septic system design and permit application form) for the septic system serving this property
**** is **** is not available.

If available, a copy **** is **** is not attached.

A permit **** was ****  was not ****  unknown issued for this system. If “yes”, permit #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If known: designer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, SE installer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Septic or Holding Tank**

**** Holding Tank  **** Septic tank capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ gallons

Tank material: **** concrete **** plastic **** fiberglass **** metal

Tank condition: **** Good **** Fair **** Poor

 **** requires replacement **** requires repair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Septic Tank Outlet ****  baffle ****  tee-fitting ****  tee-fitting with filter

Septic Tank Outlet condition: **** Good **** Fair **** Poor **** clogged filter

 **** requires replacement **** requires repair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tank setbacks from nearest:

waterbody: \_\_\_\_\_\_\_\_\_\_\_\_ feet, structure:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ feet,

well: \_\_\_\_\_\_\_\_\_ feet, road: \_\_\_\_\_\_\_\_\_ feet, property line: \_\_\_\_\_\_\_\_\_ feet

**5. Disposal Area**

Disposal area type: **** stone bed **** concrete chambers **** plastic chambers

 **** fabric wrapped tubes **** fabric wrapped blocks

 **** other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disposal area condition: **** Good **** Fair **** Poor **** Malfunctioning

 **** requires replacement **** requires repair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disposal area setbacks from nearest:

waterbody: \_\_\_\_\_\_\_\_\_\_\_\_ feet, structure:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ feet,

well: \_\_\_\_\_\_\_\_\_ feet, road: \_\_\_\_\_\_\_\_\_ feet, property line: \_\_\_\_\_\_\_\_\_ feet

1. **Other Components**

Lift station capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ gallons

Lift station material: **** concrete **** plastic **** fiberglass **** metal

Lift station condition: **** Good **** Fair **** Poor

 **** requires replacement **** requires repair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lift station alarms and float switches: **** Good **** Fair **** Poor

 **** requires replacement **** requires repair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lift station setbacks from nearest:

waterbody: \_\_\_\_\_\_\_\_\_\_\_\_ feet, structure:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ feet,

well: \_\_\_\_\_\_\_\_\_ feet, road: \_\_\_\_\_\_\_\_\_ feet, property line: \_\_\_\_\_\_\_\_\_ feet

 Building sewer: **** Good **** Fair **** Poor

 **** requires replacement **** requires repair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Drain: **** Good **** Fair **** Poor

 **** requires replacement **** requires repair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Distribution box: **** Good **** Fair **** Poor **** None

 **** requires replacement **** requires repair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **The following discrepancies from the design and/or deficiencies were observed:**

 **** Additional page(s) attached.

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

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1. **Additional Information:

** Additional page(s) attached.

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

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1. **Conclusions**

 The system appeared to have been installed prior to adoption of the Subsurface Wastewater Disposal Rules in
July of 1974. **** Yes ****  No If “no”:

 The system appeared to have been installed in conformance with the design dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, S.E. **** Yes ****  No

 The system appeared to have met the Subsurface Wastewater Disposal Rules in effect at the time of installation.
**** Yes ****  No

 The system appeared to be functioning at the time of inspection. **** Yes ****  No  **** System Not In Use

1. **Signature:**

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) I completed an inspection of the subsurface wastewater disposal system serving the subject property. The inspection included a review of property owner, municipal and state records as appropriate and a visit to the property. The information contained in this document accurately describes the conditions observed relative to the specific items referenced in this report that existed on the inspection date. No warranty is made or implied that the conditions described herein are representative of past conditions; will continue beyond the inspection date; or that the subsurface wastewater disposal system will function in compliance with the Maine Subsurface Wastewater Disposal Rules. No inference can be made regarding the condition, status, or functionality of any system characteristic not specifically described in this report

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Certified System Inspector hereby state that this report
 PLEASE PRINT
is accurate to the best of my knowledge.

Inspector’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site Sketch**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **FIELD CHECKLIST** |  |  |  |  |  |
|  |  General Condition OK |  | No visible cracks or holes in observable portion of tank. |  |
|  |  |  |  |  |  |  |  |  |
|  |  Size OK |  | Adequate for the number of bedrooms. |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  Access for Pumping OK |  | Covers can be located and removed.  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  Baffles OK |  | Baffles are present and functional.  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  Outlet Filter OK |  | Outlet filter present and functional.  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  Liquid Level OK |  | Liquid level at or below outlet invert. |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  Solids Level OK |  | Scum & sludge occupy 1/3 or less of tank capacity. |  |
|  |  |  |  |  |  |  |  |  |
|  |  General Condition OK |  | No visible cracks or holes in observable portion of tank. |  |
|  |  |  |  |  |  |  |  |  |
|  |  Alarm & Circuit OK |  | Separate electrical circuits exist for pump & alarm. |  |
|  |  |  |  |  |  |  |  |  |
|  |  Access for Service OK |  | Covers can be located and removed.  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  Float Switches OK |  | Float switches are present and functional. |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  General Condition OK |  | No components visible; no trees or objects on system. |
|  |  |  |  |  |  |  |  |  |
|  | Effluent Contained Below Surface |  | No malfunction per definition. |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  Ground Cover OK |  | No visible evidence of surface erosion. |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  Water Supply Setback OK |  | System meets setback on design plan or current rule minimum. |
|  |  |  |  |  |  |  |  |  |
|  |  Major Waterbody Setback OK |  | System meets setback on design plan or current rule minimum. |