



Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
286 Water Street  
11 State House Station  
Augusta, Maine 04333-0011  
Tel. (207) 287-8016  
Fax (207) 287-9058; TTY (800) 606-0215

Paul R. LePage, Governor  
Tel. (207) 287-5689

Mary C. Mayhew, Commissioner

Subsurface Wastewater Unit

Fax (207) 287-4172

## 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: \_\_\_\_\_

### 2. 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



**8. Additional Information:**

Additional page(s) attached.

---

---

---

---

---

---

---

---

**9. 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

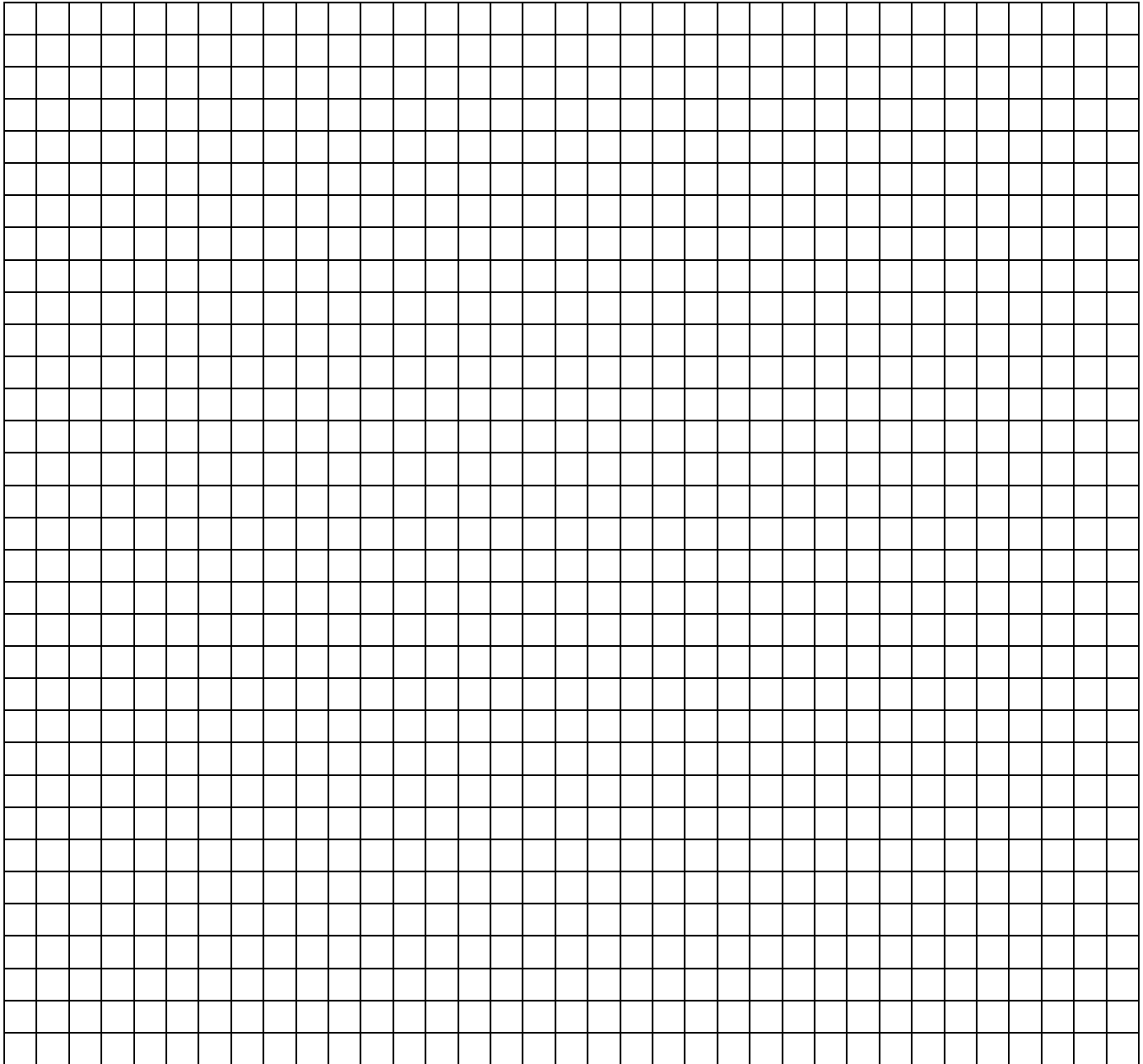
**10. Signature:**

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



## 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.