



MAINE CDC DRINKING WATER PROGRAM

Department of Health & Human Services

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VOLUNTARY SEPTIC SYSTEM INSPECTION FORM

PROPERTY INFORMATION

Address:		Lot Size:	
Municipality:		Tax Map No.:	
County:		Lot No.:	
Current Owner:			
Last Name		First Name	

SYSTEM INFORMATION

Type:	Pre June 1974		Post June 1974		Design Capacity	GPD
Dates:	Designed	/ /	Permitted	/ /	Permit No.	
Current Use:	Single Family Dwelling – BDRMS _____		Multiple Family Dwelling – BDRMS _____		Commercial	Other
Treatment Tank:	GAL	Steel	Concrete	Fiberglass	Plastic	Unknown
Disposal Area:	Cesspool	Trench	Stone Bed	Proprietary Device:		Unknown
Designer:					License No.	
Installer:					Vol. Cert. No.	
Is the system in the shoreland zone?			YES	NO		

INSPECTION INFORMATION

Findings:	Malfunction per rules identified:	YES	NO	See pgs. 3&4
	System Deficiencies Identified:	YES	NO	See pgs. 3&4
	Further Investigation Suggested:	YES	NO	See page 4
Conclusion:	No Corrective Action Needed		Corrective Action Recommended-See pg. 4	
Disclaimer:	On the date noted below, I completed an inspection of the subsurface wastewater disposal system serving the subject property. The inspection included a review of the property owner's information, municipal and state records as appropriate, and a visit to the property. This report was completed in accordance with minimum reporting criteria established by the Maine Department of Health and Human Services Section 17 of 10-144A CMR Chapter 241. 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.			

Subsurface Wastewater Disposal System Inspector	Vol. Cert. No.	Date
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INSPECTION ITEM	OBSERVATION*				COMMENT
	YES	NO**	UNKN**	N/A	
1 System Records Search Done					
a. Design Plan Exists					
b. Permit Exists					
c. System Inspection Record Exists					
d. Maintenance Records Exist					
e. Water Use Records Exist					
2 Internal Plumbing Review Done					
a. Structure Currently Occupied					
b. Garbage Disposal Present					
c. Water Treatment Unit Present					
d. Clothes Washer Present					
e. All Fixtures Connected to System					
f. Fixtures Without Leaks					
3 Treatment Tank Present					
a. General Condition OK					
b. Size OK					
c. Access for Pumping OK					
d. Baffles OK					
e. Liquid Level OK					
f. Solids Level OK					
g. Inlet and outlet pipes OK					
h. Outlet Filter OK					
i. Distribution Box OK					
4 Pump & Wetwell Present					
a. General Condition OK					
b. Alarm & Circuit OK					
c. Access for Service OK					
d. Float Switches OK					
5 Disposal Area Present					
a. General Condition OK					
b. Effluent Below Surface					
c. Ground Cover OK					
d. Water Supply Setback OK					
e. Waterbody Setback OK					

* - Explanations of observation items are listed separately in the Supplemental Key (DWP0322-KEY).

** - Listing of specific inspection item system deficiencies are noted on page 3.

Specific System Deficiencies

Preprinted Items Represent Minimum Deficiency Conditions Established by DHHS
Checked Items Represent Deficiencies Identified During this Inspection

**Corrective
Action
Recommended**
See Page 4

1 Records		No System Deficiencies Noted.	Yes / No
1.a		System plans are unable to be located.	
1.b		Plan with permit sticker unable to be located.	
1.c		Certificate of inspection unable to be located.	
2 Internal		No System Deficiencies Noted.	Yes / No
2.e		Plumbing fixture(s) not connected to a system.	
2.f		Plumbing fixture(s) with water supply leaks.	
3 Tank		No System Deficiencies Noted.	Yes / No
3.a		Cracks visible in observed portion of tank wall.	
3.b		Tank undersized for current use.	
3.c		> 12" excavation needed to pump tank.	
3.d		Baffles damaged or missing.	
3.e		Liquid level above inlet invert.	
3.f		Solids and/or scum exceed 1/3 of tank capacity.	
3.g		Residential use: Risers are undersized/nonexistent.	
3.h		Inlet and outlet pipes are broken, collapsed or clogged.	
3.i		The outlet filter is malfunctioning.	
3.j		The distribution box is malfunctioning.	
4 Pump		No System Deficiencies Noted.	Yes / No
4.a		Cracks visible in observed portion of tank wall.	
4.a		Pump inoperable.	
4.b		Pump and alarm on common circuit.	
4.c		> 12" excavation needed to service pump.	
4.d		Float switches are inoperable or missing.	
5 Field		No System Deficiencies Noted.	Yes / No
5.a		Pipe, stone, or proprietary device exposed.	
5.b		Malfunction per Chapter 3 Definition.	
5.c		Disposal area subject to visible surface erosion.	
5.d		Observed well setback differs from design plan.	
5.e		Observed waterbody setback differs from design plan.	

1. System Records Narrative:

2. Internal Plumbing Narrative:

3. Treatment Tank Narrative:

4. Pump & Wetwell Narrative:

5. Disposal Area Narrative:

6. Findings Narrative:

(Use additional sheets as necessary. Relate noted system deficiencies to appropriate Rule section.)

(Use additional sheets as necessary.)