ON-SITE SEWAGE SYSTEM INSPECTION FORM
(Time of Sale Inspection)

Condition of the Onsite Septic System (✓ by inspector):

☐ Satisfactory  ☐ Needs Corrective Action  ☐ Failure

COPY OF THIS FORM DELIVERED TO HEALTH DISTRICT (DATE/INSPECTOR INITIAL): __________

PROPERTY INFORMATION:
Tax Parcel Identification Number: _____________________  Physical Address: __________________________________________

GENERAL INFORMATION:
Type of System (✓ One):  ☐ Gravity  ☐ Pressure Distribution  ☐ Mound  ☐ Sand Filter  ☐ Other: ________________
Inspection done by:  ☐ O&M Service Provider  ☐ Designer/Engineer
Date of Inspection: ___________  Kitchen Macerator Grinder:  ☐ Yes  ☐ No  # of bedrooms: ____  Occupied:  ☐ Yes  ☐ No
Copy of design/as-built/permit available during inspection (Required)
Was the original system permitted / inspected / approved for use (circle all that apply) by CDHD  ☐ Yes  ☐ No
Permit Number: ____________  Authorized number of bedrooms from permit: ____

INSPECTION INFORMATION:
1) Septic Tank (complete a separate report if system has second tank – page 1 only)
   - Size of tank: _______ gallons.  # of compartments: ____  Access riser(s) present:  ☐ Yes  ☐ No  ☐ Damaged
   - Type of tank:  ☐ Concrete  ☐ Fiberglass  ☐ Poly  ☐ Steel  ☐ Other: ________________
   - Based upon scum and sludge levels, should tank be pumped...................................  ☐ Yes  ☐ No
   - Condition of inlet/center/outlet baffles: .................................................................  ☐ Yes  ☐ No  ☐ N/A
   - Outlet baffle screened or equipped with an effluent filter........................................  ☐ Yes  ☐ No  ☐ N/A
   - If yes, was screen/filter cleaned (required at pumping)...........................................  ☐ Yes  ☐ No  ☐ N/A
   - Indication of surface water or root intrusion .........................................................  ☐ Yes  ☐ No  ☐ N/A
   - Indications of water levels above/below (circle applicable) outlet invert ....................  ☐ Yes  ☐ No  ☐ N/A
   - If yes, measurement above / below outlet baffle:
   - Is effluent draining back from drainfield during pumping .......................................  ☐ Yes  ☐ No  ☐ N/A
   - Was the septic tank pumped .................................................................................  ☐ Yes  ☐ No  ☐ N/A
   - Overall condition of the septic tank:  ☐ Satisfactory  ☐ Poor (needs repair/replacement, explanation below)

2) Pump/Siphon Vault (Complete for all systems that utilizes a pump or siphon)
   - Size of pump chamber:  ________________________________  Riser present:  ☐ Yes  ☐ No  ☐ Damaged
   - Based upon scum and sludge levels, should the tank be pumped  ☐ Yes  ☐ No  ☐ Damaged
   - Timer Settings (if applicable)  On: ____________________ Off: ____________________ Event counter reading (if applicable):
   - Pump/siphon chamber screened or equipped with an effluent filter  ☐ Yes  ☐ No
   - If yes, was the screen/filter cleaned (required at pumping), if no, explain in comment section  ☐ Yes  ☐ No  ☐ N/A
   - Electrical connections in good condition ..............................................................  ☐ Yes  ☐ No  ☐ N/A
   - On/Off floats in working condition .......................................................................  ☐ Yes  ☐ No  ☐ N/A
   - High/low level floats & audible/visual alarms (circle all applicable) in working condition  ☐ Yes  ☐ No  ☐ N/A
   - Pump/siphon in good working condition ..............................................................  ☐ Yes  ☐ No  ☐ Damaged

3) Drainfield (Complete for all systems: gravity, pressure distribution, mound and sand filter):
   - Observation Ports Present:  ☐ Yes  ☐ No  If yes, is ponding evident?  If yes, explain below.
   - Evidence of surfacing sewage:  ☐ Yes  ☐ No  If yes, explain below.
   - Primary area properly maintained (i.e.: no roads, buildings or livestock pens etc…)  ☐ Yes  ☐ No
   - Reserve area properly maintained (i.e.: no roads, buildings or livestock pens etc…)  ☐ Yes  ☐ No
Flow diversion device (distribution box or “D” box, cam valve, tee, etc) accessible: □ Yes □ No □ N/A
If yes, is device operational: ........................................................................................................□ Yes □ No
Is drainfield within 50’ of any well, spring, or surface water ............................................... □ Yes □ No

4) Pressure Distribution (complete for all systems equipped with a pump or siphon):
Drainfield/mound equipped with clean-out sweeps ................................................................□ Yes □ No
If yes, were laterals flushed ..........................................................................................................□ Yes □ No
Pressure head measured and timed drawdown taken (record results below) .......................... □ Yes □ No
If yes, indicate head measurement of each lateral below and timed drawdown.
Indications that orifices were plugged .......................................................................................... □ Yes □ No
If yes, were laterals cleaned ..........................................................................................................□ Yes □ No

5) Sand Filter (complete only if applicable):
Distribution method from sand filter to drainfield/mound: □ Pumped □ Gravity
If pumped, is the pump vault accessible: □ Yes □ No If yes, depth of sludge level in vault:
Pump vault water tight: .................................................................................................................. □ Yes □ No □ N/A
Monitoring ports present (pump vault can be utilized to monitor effluent levels) ................. □ Yes □ No □ N/A
If yes, is the effluent above the lower gravel/sand interface (collection pipes) .................... □ Yes □ No
Clean-out sweeps present: ........................................................................................................... □ Yes □ No □ N/A
If yes, were laterals flushed ......................................................................................................... □ Yes □ No
Pressure head measured and timed drawdown taken (record results below) ...................... □ Yes □ No □ N/A
Indications that orifices were plugged ....................................................................................... □ Yes □ No
If yes, were distribution laterals cleaned ................................................................................... □ Yes □ No

6) Mound (complete only if applicable):
Monitoring ports present ................................................................................................................□ Yes □ No
If yes, depth of ponding at the gravel/sand or infiltrator/sand interface:
If yes, depth of ponding at the sand/native soil interface (base of the mound):
Evidence of sewage seeping around the toe of the mound: ..................................................... □ Yes □ No

7) Aerobic Treatment Unit (complete only if applicable)
Manufacture: __________________ Make/Model: _______________ Unit serviced .................. □ Yes □ No
Air supply working……□ Yes □ No Solids level indicate pumping necessary ....................... □ Yes □ No

8) Miscellaneous Items (complete only if applicable)
Type of disinfection unit: □ Chlorinator □ Ultraviolet Disinfection Unit serviced: .......... □ Yes □ No
Subsurface Drip Drainfield:
Inspect and service filters........................................................................................................... □ Yes □ No
Checked vacuum breakers and automatic/manual flushing operation ............................... □ Yes □ No
System return pressure, dosing frequency, and flow rate same as start-up ...................... □ Yes □ No
Drip field ponding or soggy: □ Yes □ No If yes, explain below

Comments / Observations / Recommendations: ____________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Printed name/signature (O&M Service Provider, Designer, or Engineer) ______________ Date ___________

Disclaimer: I hereby certify with my signature that my observations recorded on this form are accurate as of the date of this inspection. No determination of future hydraulic performance can be made due to unknown conditions, future water usage over the life of the system, abuse of the system, wastewater strength, and/or inadequate maintenance, all of which will adversely affect the life of the system.

O & M Program – Time of Sale Inspection form – Rev: 1/2/12