

## Local Law Filing

(Use this form to file a local law with the Secretary of State.)

Text of law should be given as amended. Do not include matter being eliminated and do not use italics or underlining to indicate new matter.

County  
Village

of

Eaton

Town  
City

Local Law No. 2 of the year 2019.

A local law to amend Chapter 150 (Sewers) of the Code of the Town of Eaton.  
(Insert Title)

Be it enacted by the Town Board of the

County  
City

of

Eaton

Town  
City

as follows:

**I. Legislative Findings and Purpose.** The Town Board of the Town of Eaton hereby finds that the proper construction and maintenance of private septic systems, which service all developed properties in the Town outside the Village of Morrisville, is of crucial importance to the health, safety and welfare of the Town's residents and the water quality and ecology of the lakes within the Town. The purpose of this legislation is to further promote the health, safety and general welfare of the community by ensuring, through the appropriate location, construction and use of properly designed facilities, that waste discharged from wastewater treatment systems does not contaminate any drinking water supply or lake or other surface body of water, is not accessible to insects, rodents, or other possible carriers of disease which may come into contact with food or drinking water, and is not a nuisance resulting from odor or unsightly appearance, or otherwise a health hazard by being accessible to persons and domesticated animals or otherwise a danger to lake ecology by discharging undesirable nutrients that negatively impact water quality.

**II. Section 150-13 of the Code of the Town of Eaton is hereby amended to read as follows:**

### **Section 150-13. Inspection of Existing Facilities.**

- A. The Sanitary Inspector, or his/her designee, shall have the authority to inspect existing sewage disposal facilities in accordance with Subsection C below to determine that they function properly.

(If additional space is needed, attach pages the same size as this sheet, and number each.)

B. Property owners shall have the opportunity to use a design professional of their choice to perform the inspection using the Town of Eaton and New York State guidelines. Inspections shall be performed according to the provisions of this chapter.

C. Occasions which require a mandatory inspection are as follows:

- (1) Change in or expansion of use. The owner of the property shall arrange for such inspection before any change or expansion of use of the property which may increase the load on an existing on-site system. The owner of the property shall arrange for such inspection before the change or expansion of use is undertaken. Applications for a variance or special permit shall be reviewed by the Sanitary Inspector to determine whether the change represents an increased load prior to the applicant being granted approval by the Planning Board or the Zoning Board of Appeals as applicable.
- (2) Complaint of system deficiency. The Sanitary Inspector shall conduct an inspection upon receipt of a formal complaint or upon indication from reasonable evidence that the system is deficient (e.g., observed failure to groundwater or surface water, or otherwise creates a public nuisance).
- (3) Property Transfer Within the RD-2 Zoning District. Prior to any property sale or conveyance (transfer of title) of any developed property within the RD-2 (Residential District No. 2) zoning district, any existing on-site wastewater systems shall be inspected by an individual meeting the qualifications set forth in Appendix B appended to the end of this chapter, and a report of findings shall be provided to the Sanitary Inspector.
  - (a) The report shall consist of the OTN System Inspection Information Request and System inspection Findings Worksheet as set forth in Appendix A appended to the end of this chapter. For purposes of this provision, this report shall remain valid for three years from the date of inspection. Aerobic Tank ETV must be checked each year and a report sent to the Town of Eaton Codes Officer annually.
  - (b) In the event that weather conditions reasonably prevent an inspection and the submission of said report prior to sale or conveyance (transfer of title) of the property, the new owner must provide the report to the Sanitary Inspector within six (6) months of transfer of title, and in that event, the new owner shall be responsible for any upgrades necessary to obtain an approved wastewater system.
  - (c) Within seven days of any such sale or conveyance (transfer of title), the buyer/transferee of any such property shall send written notice to the Sanitary Inspector advising of the closing date of such sale or conveyance.
  - (d) These requirements of this paragraph (3) shall not apply to:
    - (i) A property transfer of vacant land; or
    - (ii) A property transfer of a parcel(s) which has had a new on-site wastewater system installed within 36 months prior to the date of transfer.

- (e) If, based upon the inspection report, the existing wastewater system is determined to be failing or does not otherwise meet the requirements of this chapter, a written notice of violation shall be issued to the property owner, and an approved wastewater treatment system permit must be obtained within six months of any transfer of title, property sale/conveyance for consideration. Properly functioning systems not otherwise in compliance with the requirements of this chapter may be permitted upon approval of a variance by the Zoning Board of Appeals.
- (4) If a lending institution requires a property owner to obtain a wastewater treatment system inspection and pumping of septic tank for a refinancing of a mortgage loan affecting the property, such report(s) shall be filed with the Sanitary Inspector and must be on the report format referenced in subparagraph (a) above.
- (5) Any noncompliance with the provisions of this section 150-13 shall constitute an offense which shall be deemed a violation. Each day of continuing violation shall constitute a separate and distinct offense and violation punishable by a fine not to exceed \$250 or fifteen (15) days imprisonment, or both such fine and imprisonment, for each day of violation.

III. Section 150-2 of the Code of the Town of Eaton is hereby amended to amend the definition of the term "SANITARY INSPECTOR" to read as follows:

SANITARY INSPECTOR – The Town of Eaton official responsible for enforcing this chapter, which shall be the Town of Eaton Code Enforcement Officer unless otherwise designated by resolution of the Town Board.

IV. Section 150-14 of the Code of the Town of Eaton is hereby amended to add a new subsection "C" to read as follows:

- C. Emergency repairs, meaning repairs designed to prevent or abate an existing or imminent threat to public health, safety or welfare caused or to be caused by on-site wastewater treatment system, may be performed without first obtaining a permit. If the repair would have otherwise required the issuance of a permit under the provisions of this chapter, the Sanitary Inspector shall be notified as soon as practicable after the repair has been completed, and a permit shall then be obtained. In no event shall an emergency repair include enlarging an absorption area or replacing or disconnecting a septic tank.

V. This local law shall take effect immediately upon filing with the Secretary of State.



(Complete the certification in the paragraph that applies to the filing of this local law and  
Strike out that which is not applicable.)

1. (Final adoption by local legislative body only.)

I hereby certify that the local law annexed hereto, designated as local law No. 2 of 2019 of the  
(County)(City)(Town)(City) of Faton was duly passed by the  
Town Board on April 9, 2019, in accordance with the applicable provisions of law.  
(Name of Legislative Body)

2. (Passage by local legislative body with approval, no disapproval or repassage after disapproval by the Elective Chief Executive Officer\*.)

I hereby certify that the local law annexed hereto, designated as local law No. \_\_\_\_\_ of 20\_\_\_\_ of  
the (County)(City)(Town)(City) of \_\_\_\_\_ was duly passed by the  
(Name of Legislative Body) on \_\_\_\_\_ 20\_\_\_\_, and was (approved)(not approved  
(repassed after disapproval) by the \_\_\_\_\_ and was deemed duly adopted  
(Elective Chief Executive Officer\*)  
on \_\_\_\_\_ 20\_\_\_\_, in accordance with the applicable provisions of law.

3. (Final adoption by referendum.)

I hereby certify that the local law annexed hereto, designated as local law No. \_\_\_\_\_ of 20\_\_\_\_ of the  
(County)(City)(Town)(City) of \_\_\_\_\_ was duly passed by the  
(Name of Legislative Body) on \_\_\_\_\_ 20\_\_\_\_, and was (approved) (not approved  
(repassed after disapproval) by the \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_.  
(Elective Chief Executive Officer\*)  
Such local law was submitted to the people by reason of a (mandatory)(permissive) referendum, and received the  
affirmative vote of a majority of the qualified elector voting thereon at the (general)(special)(annual) election held on  
\_\_\_\_\_ 20\_\_\_\_, in accordance with the applicable provisions of law.

4. (Subject to permissive referendum and final adoption because no valid petition was filed requesting referendum.)

I hereby certify that the local law annexed hereto, designated as local law No. \_\_\_\_\_ of 20\_\_\_\_ of the  
(County)(City)(Town)(City) of \_\_\_\_\_ was duly passed by the  
(Name of Legislative Body) on \_\_\_\_\_ 20\_\_\_\_, and was (approved) (not approved  
(repassed after disapproval) by the \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_.  
(Elective Chief Executive Officer\*)  
Such local law was subject to permissive referendum and no valid petition requesting such referendum was filed as of  
\_\_\_\_\_ 20\_\_\_\_, in accordance with the applicable provisions of law.

- \* Elective Chief Executive Officer means or includes the chief executive officer of a county elected on a county-wide basis or, if there be none, the chairperson of the county legislative body, the mayor of a city or City, or the supervisor of a town where such officer is vested with the power to approve or veto local laws or ordinances.

5. (City local law concerning Charter revision proposed by petition.)

I hereby certify that the local law annexed hereto, designated as local law No. \_\_\_\_\_ of 20\_\_ of the City of \_\_\_\_\_, having been submitted to referendum pursuant to the provisions of section (36) (37) of the Municipal Home Rule Law, and having received the affirmative vote of a majority of the qualified electors of such city voting thereon at the (special) (general) election held on \_\_\_\_\_ 20\_\_\_\_, became operative.

6. (County local law concerning adoption of Charter.)

I hereby certify that the local law annexed hereto, designated as local law No. \_\_\_\_\_ of 20\_\_\_\_ of the County of \_\_\_\_\_, State of New York, having been submitted to electors of the General Election of November \_\_\_\_\_ 20\_\_\_\_, pursuant to subdivisions 5 and 7 of section 33 of the Municipal Home Rule Law, and having received the affirmative vote of a majority of the qualified electors of such cities of said county as a unit and a majority of the qualified electors of the towns of said county considered as a unit voting at said general election, became operative.

(If any other authorized form of final adoption has been followed, please provide an appropriate certification.)

I further certify that I have compared the preceding local law with the original on file in this office and that the same is a correct transcript therefrom and of the whole of such original local law, and was finally adopted in the manner indicated in Paragraph 1, above.



Clerk of the county legislative body, City, Town or City Clerk or officer designated by local legislative body

(Seal)

Date: 4-9-2019

(Certification to be executed by County Attorney, Corporation Counsel, Town Attorney, City Attorney or other authorized attorney of locality.)

STATE OF NEW YORK  
COUNTY OF MADISON

I, the undersigned, hereby certify that the foregoing local law contains the correct text and that all proper proceedings have been had or taken for the enactment of the local law annexed hereto.

Signature



Attorney for the Town

Title

County  
Village

of Eaton

Town  
City

Date:

4-9-2019

STATE OF NEW YORK  
**DEPARTMENT OF STATE**  
ONE COMMERCE PLAZA  
99 WASHINGTON AVENUE  
ALBANY, NY 12231-0001  
WWW.DOS.NY.GOV

ANDREW M. CUOMO  
GOVERNOR  
ROSSANA ROSADO  
SECRETARY OF STATE

April 26, 2019

James T Stokes  
Stokes Law Firm PLLC  
5 Mill Street, PO Box 312  
Cazenovia NY 13055

**RE: Town of Eaton, Local Law 1 & 2 2019, filed on April 12 2019**

Dear Sir/Madam:

The above referenced material was filed by this office as indicated. Additional local law filing forms can be obtained from our website, [www.dos.ny.gov](http://www.dos.ny.gov).

Sincerely,  
State Records and Law Bureau  
(518) 473-2492



**Department  
of State**

**OTN SYSTEM INSPECTION INFORMATION REQUEST**  
**Individual Residential Wastewater Treatment System**  
(Please type or print)

**Property and Owner Identification**

(Please attach property survey or tax parcel map)

Tax parcel identification number \_\_\_\_\_

Property address \_\_\_\_\_

Property owner \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

**Inspection Request Information**

Inspection requested by \_\_\_\_\_

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Requested date of inspection (give two or three) \_\_\_\_\_

Purpose of request: property transfer \_\_\_\_\_ agency request \_\_\_\_\_ malfunction \_\_\_\_\_  
other (please describe) \_\_\_\_\_

Inspection fee to be paid by: \_\_\_\_\_

**\*Payment is due before report is released\***

**Household Information**

\_\_\_\_ Owner-occupied or \_\_\_\_\_

Rental \_\_\_\_\_

\_\_\_\_ Full-time or \_\_\_\_\_

Seasonal \_\_\_\_\_

If seasonal, # weeks per year: \_\_\_\_\_

Last known date of occupancy: \_\_\_\_\_

Number of occupants: \_\_\_\_\_

Age of home: \_\_\_\_\_ Total square footage: \_\_\_\_\_

# of bedrooms: \_\_\_\_\_ # of bathrooms: \_\_\_\_\_ Water-saving fixtures? \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Home, business or hobby? (e.g. daycare, photography, taxidermy, salon): \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Type \_\_\_\_\_

Regularly used medications? (e.g. chemotherapy, dialysis): \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any wells on the property? \_\_\_\_\_

How many? \_\_\_\_\_

Household fresh water source: \_\_\_\_\_ public; \_\_\_\_\_ well(s); \_\_\_\_\_ spring(s); \_\_\_\_\_ other \_\_\_\_\_

List all public or private buried utilities or structures on property: (gas, electric, phone, etc.) \_\_\_\_\_

Type \_\_\_\_\_

**Onsite Wastewater Treatment System (s)**

How many systems are on the property? \_\_\_\_\_

Year system(s) installed: \_\_\_\_\_

Tank \_\_\_\_\_

Leach system \_\_\_\_\_

Are all system components wholly within the property boundaries? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Are system plans available? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Does the system(s) serve multiple properties? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe \_\_\_\_\_

**Maintenance**

Service agreement? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, vendor name \_\_\_\_\_

Date of last inspection \_\_\_\_\_; N/A \_\_\_\_\_

Date tank last pumped \_\_\_\_\_; N/A \_\_\_\_\_

Frequency of pumping \_\_\_\_\_; N/A \_\_\_\_\_



## OTN SYSTEM INSPECTION INFORMATION REQUEST (cont.)

List known repairs/replacements, with dates:

Date

Type of Repair/Replacement

_____	_____
_____	_____
_____	_____
_____	_____

### Operation

- |   |           |          |
|---|-----------|----------|
| ♦ System problems?                                  | _____ Yes | _____ No |
| ♦ Sewage odors?                                     | _____ Yes | _____ No |
| ♦ Direct surface discharge(s)?                      | _____ Yes | _____ No |
| ♦ Back-up of toilets?                               | _____ Yes | _____ No |
| ♦ Back-up of any other fixtures? (e.g. slow drains) | _____ Yes | _____ No |
| ♦ Seasonal ponding or breakout of leachfield?       | _____ Yes | _____ No |

### Statement of Acceptance of Conditions

I agree to:

- ensure that the septic tank(s), distribution box(es), and/or seepage pit(s), if any, will be uncovered prior to the requested inspection time;
- have a seepage hauler on site (to pump the tank *after* the inspector arrives);
  - tank must be pumped in presence of inspector
- have an authorized representative present at the site to provide access to home for inspection of interior plumbing;
- allow the inspector to verify information provided above, and to conduct an inspection of the indicated onsite wastewater treatment system(s), including all system components, and interior and exterior plumbing.

To the best of my knowledge, the information provided above is accurate.

I agree to be responsible for inspection fee payment.

Signature of property owner or authorized agent:

Please print name: \_\_\_\_\_

Affiliation: \_\_\_\_\_ owner \_\_\_\_\_ agent \_\_\_\_\_

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

Comments/Directions to property/etc. (optional)

### Inspector

Name of Inspector \_\_\_\_\_

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_



# OTN SYSTEM INSPECTION FINDINGS WORKSHEET

## Individual Residential Wastewater Treatment System

Complete one worksheet for each wastewater treatment system on the property.  
Provide property/system sketch (sheet 5), and attach plan(s) of system(s), if available.

**Inspection Conditions**      **Date** \_\_\_\_\_      **Inspector** \_\_\_\_\_  
 Tax parcel number \_\_\_\_\_      Temperature: \_\_\_\_\_ °F  
 Weather \_\_\_\_\_      Can the inspection be fully completed under  
 existing conditions? ☐ yes      ☐ no, because \_\_\_\_\_

### System Layout

Distance from house to first system component (\_\_\_\_\_), is \_\_\_\_\_ ft.  
 Distance from septic tank to nearest property line is \_\_\_\_\_ ft.  
 Distance from leach system to nearest property line is \_\_\_\_\_ ft.  
 Distance from property well to septic tank is \_\_\_\_\_ ft, or N/A (Not Applicable) \_\_\_\_\_  
 Distance from property well to leach system is \_\_\_\_\_ ft, or N/A \_\_\_\_\_  
 Distance from neighboring well to leach system is \_\_\_\_\_ ft, N/A \_\_\_\_\_  
 Distance from leachfield to surface water is \_\_\_\_\_ ft, or N/A \_\_\_\_\_  
 Distance from leachfield to top of slope is \_\_\_\_\_ ft, or N/A \_\_\_\_\_

### Water-Using Appliances (check all that apply)

➤	Washing Machine	Discharge to	
➤	Water Softener	Discharge to	
➤	Whirlpool Bath	Discharge to	
➤	Hot Tub	Discharge to	
➤	Garbage Disposal	Discharge to	
➤	Kitchen Drains	Discharge to	
➤	Dishwasher	Discharge to	
➤	Bathroom Fixtures	Discharge to	
➤	Other (auxiliary sinks, Showers, etc.)	Discharge to	
➤		Discharge to	

### Additional Loading

Check any additional sources that are diverted to the septic system:  
☐ storm water      ☐ sump pumps      ☐ foundation drains      ☐ roof runoff  
☐ other (please describe): \_\_\_\_\_

# OTN SYSTEM INSPECTION FINDINGS WORKSHEET (cont.)

## System Components

Holding tank? ☐ yes ☐ no; capacity:  gallons;  
watertight? ☐ yes ☐ no ☐ unknown; outlet pipe? ☐ yes ☐ no

Cesspool? ☐ yes ☐ no; capacity:  gallons; overflow pipe? ☐ yes ☐ no

Septic tank (s)? ☐ yes ☐ no Number of tanks   
Tank construction material(s):  
☐ concrete ☐ metal ☐ plastic ☐ other (  )

Aerobic system? ☐ yes ☐ no Type:   
Manufacturer:  Model:

Other system? ☐ yes ☐ no Type:   
Manufacturer:  Model:

Distribution box? ☐ yes ☐ no Material:

Drop boxes? ☐ yes ☐ no Number of boxes:

### Soil absorption system

Type	# of lines	total length, ft	how determined
<input type="checkbox"/> Trad. leachfield	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Leaching bed	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Raised system	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Sand filter	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Mound system	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Seepage pit (s)	- number: <input type="text"/>	- Approximate size/depth: <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Surface discharge? ☐ no ☐ yes, there is discharge to:

## Observations

Yes No N/O\*  
(\*Not Observed)

### Type/Condition/Comments

#### Household plumbing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any leaking fixtures and/or plumbing? <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all waste lines directed to the tank? <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there separate grey water or other waste lines? <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any other interconnections to the system? (e.g. sump pump, softener, etc.) <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a system vent? If yes, on roof or ground? <input type="text"/>

# OTN SYSTEM INSPECTION FINDINGS WORKSHEET (cont.)

Yes	No	N/O*	Type/Condition/Comments
			<b>Septic tank</b> _____ N/A (Not Applicable)
			Access riser? If, yes, depth to cover: (inches) _____
			Depth below grade to top of tank: (inches) _____
			Tank cover? _____
			Inlet baffle? _____
			Outlet baffle? _____
			Effluent filter? _____
			Liquid level: _____ at, _____ above, or _____ below discharge invert?
			Number of tank compartments: _____
			Visible scum layer? _____
			Main tank clean out? Size (in.) _____ Location _____
			Capacity (gal.): _____ How determined? _____
			Water tight tank? How determined? _____
			Cracked, corroded or deformed tank? Describe _____
			See or hear flow from inlet while all fixtures/appliances are off? _____
			Evidence of a pipe or conveyance bypassing septic tank? _____
			<b>Pump system</b> _____ N/A
			Is there a dosing or pump tank? _____
			Is there an ejector or a grinder pump? _____
			Does the pump(s) appear to be operating properly? _____
			Is there a high water alarm? _____
			Are both switch and alarm operable? _____
			Is there evidence of surface water infiltrating the pump chamber? _____
			Are there any obvious electrical shortcomings? _____

**\*Note: the inspector is not a certified electrical inspector\***

			<b>Dosing Device</b> _____ N/A
			_____ siphon _____ bell _____ float _____ other: _____
			Does device appear to be functioning properly? _____
			<b>Distribution Box</b> _____ N/A
			Number outlets: _____; Number in use: _____
			Equal distribution to all outlets? _____
			Adjustable flow regulators? _____
			Evidence of liquid above outlet inverts? _____
			Baffle or other inlet device? _____
			Cracked, corroded or deformed? _____



# **OTN SYSTEM INSPECTION FINDINGS WORKSHEET (cont.)**

Yes   No   N/O\*  
 (\*Not Observed)

## Type/Condition/Comments

### **Drop Boxes** \_\_\_\_\_ N/A

\_\_\_\_\_ Number outlets/box: \_\_\_\_\_  
 \_\_\_\_\_ Outflow line invert above leach line invert (s)? \_\_\_\_\_  
 \_\_\_\_\_ Evidence of liquid above outlet inverts? \_\_\_\_\_  
 \_\_\_\_\_ Cracked, corroded or deformed? \_\_\_\_\_

### **Soil Absorption System** \_\_\_\_\_ N/A

\_\_\_\_\_ Obvious septic odor? \_\_\_\_\_  
 \_\_\_\_\_ Evidence of seepage? \_\_\_\_\_  
 \_\_\_\_\_ Any area of lush vegetation beyond leach system? \_\_\_\_\_  
 \_\_\_\_\_ Impermeable surface or structure over part or all of leach system? \_\_\_\_\_  
 \_\_\_\_\_ Extensive roots in or near subsurface system? \_\_\_\_\_  
 \_\_\_\_\_ Evidence of heavy equipment on or driving over leach system? \_\_\_\_\_  
 \_\_\_\_\_ Leach system probed for excessive moisture, odor and/or effluent? \_\_\_\_\_  
 \_\_\_\_\_ Leach lines parallel with slope? \_\_\_\_\_  
 \_\_\_\_\_ Sump pump/footer drains discharged onto or near system? \_\_\_\_\_  
 \_\_\_\_\_ System diversion valve? If yes, frequency of alternation: \_\_\_\_\_

### **Record general observations of surrounding topography:**

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

### **System Sketch**

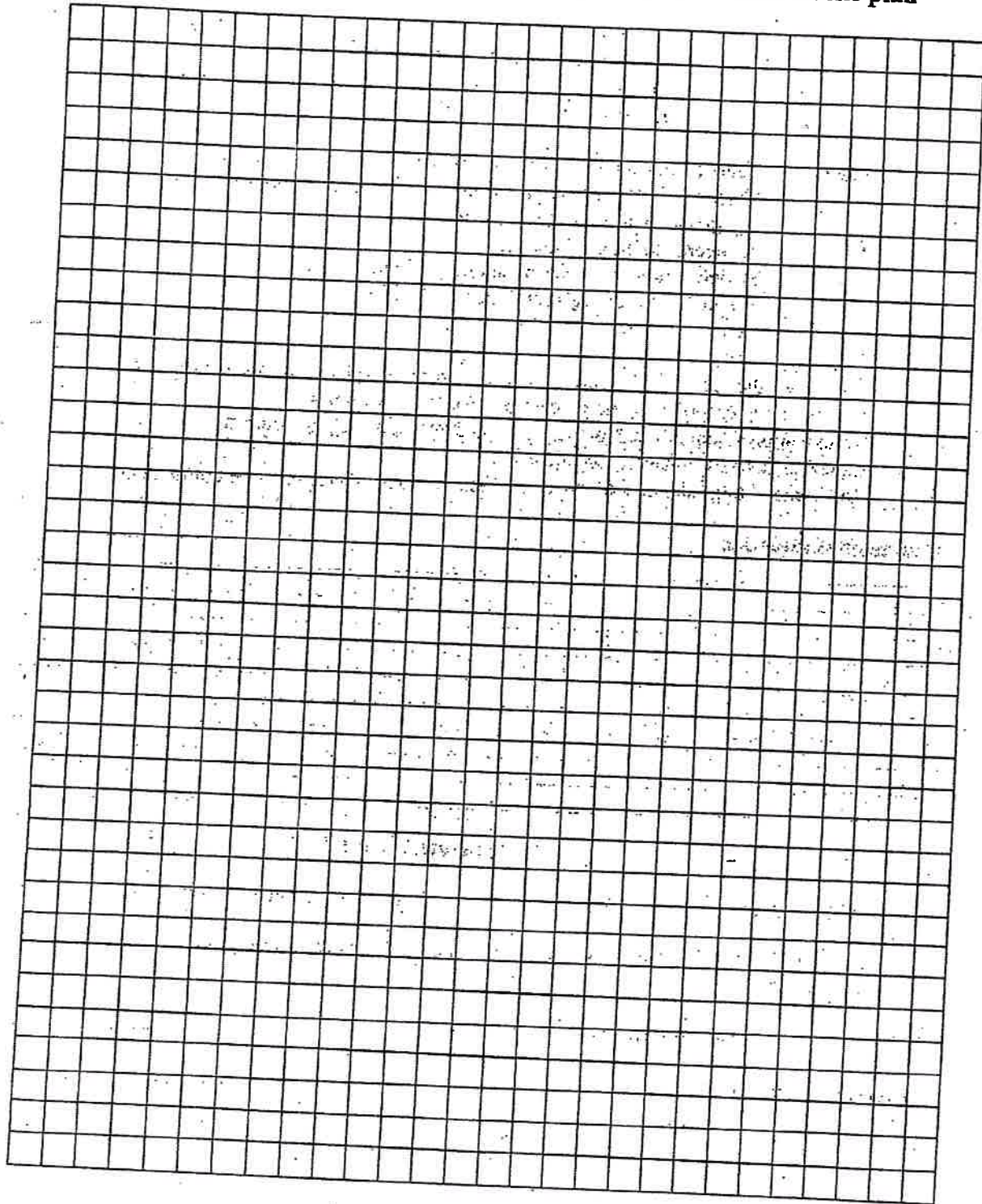
- On the next page, sketch the onsite wastewater treatment system to an approximate scale (or verify on and attach existing plan).
- Outline the approximate shape of the house, indicate front (F), back (B), and compass orientation (N).
- Show the location of all system components and their orientation relative to the house and other reference points (e.g. wells, embankments, rock outcrops, roads, fences, other buildings, surface water, etc.).
- Triangulate to indicate manhole (main access) of septic tank and distribution box.
- Show relative grades around and within system area (direction and approximate slope).

Separate plan attached?      yes      no

**OTN SYSTEM INSPECTION FINDINGS WORKSHEET (cont.)**

**System Sketch**

**Must be filled in or attach a separate sketch of site plan**





## OTN SYSTEM INSPECTION FINDINGS WORKSHEET (cont.)

Check all that apply, and provide explanation for *each* checked item in the "Comments/Evaluation" section below:

1. ☐ System appears to have functioned adequately under past and present loading. There can be no assurance or guarantee of future performance for any period of time. Numerous factors, such as household water usage, leaking toilets, soil characteristics, and seasonal groundwater table fluctuation, as well as owner failure to manage and maintain the system, will affect its performance.
2. ☐ System/components indicate unacceptable operation or performance.
  - 2.a. ☐ Absence of treatment tank or other critical component(s) (e.g. d-box, pump chamber, baffles)
  - 2.b. ☐ Apparent structural damage.
  - 2.c. ☐ Evidence of wastewater breakout or direct discharge.
  - 2.d. ☐ Evidence of prolonged high liquid level in dispersal area.
  - 2.e. ☐ Failed dye test.
  - 2.f. ☐ Other
3. ☐ Due to weather conditions, lack of information provided, and/or inaccessibility to all system components, the inspection results are incomplete.
4. ☐ System appears undersized, or has undersized components per current standards for new construction since 1990.
5. ☐ Recommend upgrade, expansion, and/or replacement of one or more components.

Comments/Evaluation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **\*\*IMPORTANT\*\***

- > The OTN System Inspection *Site Report* excludes components that are concealed or otherwise not observable.
- > The **Inspection Findings** address the present condition of the system but in no way guarantee or warranty future performance.

Date: \_\_\_\_\_ Inspector Registration number: OTN- \_\_\_\_\_

Inspector's signature: \_\_\_\_\_

\*The inspection report format is part of a standardized process used by those who have completed inspection training by the New York Onsite Wastewater Treatment Training Network (OTN).





**Town of Eaton**

**Appendix B**

**Wastewater Inspector Qualifications**

**An approved inspector shall be one of the following:**

- 1. Professional engineer, registered architect or licensed land surveyor with certificate for minor engineering all of whom are licensed by New York State to design on-site wastewater systems.**
- 2. New York State Certified Code Enforcement Officer**
- 3. An individual who has been in the business of supervising the installation of on-site wastewater systems for a minimum of five years in New York State and has been approved by the Code Enforcement Officer.**
- 4. An individual who has completed inspection training by the New York Onsite Wastewater Treatment Training Network (OTN) and has been assigned an OTN Inspector Registration Number.**