

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

**Property and Owner Identification** (attach property survey or tax parcel map)

Tax Parcel Identification Number \_\_\_\_\_  
Property Address \_\_\_\_\_  
Property Owner \_\_\_\_\_  
Owner Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**Inspection Request Information**

Inspection requested by: \_\_\_\_\_  
Affiliation \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
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? (ex. daycare, photography, taxidermy, salon):  Yes  No  
Type \_\_\_\_\_  
Regularly used medications? (ex. chemotherapy, dialysis):  Yes  No  
Are there any wells on the property? \_\_\_\_\_ How many? \_\_\_\_\_  
Household fresh water source:  public  well(s)  spring(s)  other  
If well, circle one (drilled / dug); Year installed: \_\_\_\_\_ Depth \_\_\_\_\_ feet  
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 (continued)**

List known repairs/replacements, with dates:

<u>Date</u>	<u>Type of Repair/Replacement</u>
_____	_____
_____	_____
_____	_____
_____	_____

**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? (ex. slow drains)  Yes  No
- ◆ Seasonal ponding or breakout of leach field?  Yes  No

**Statement of Acceptance of Conditions**

I agree to:

- ensure that the septic tank(s), distribution box(es), pump station(s) and/or seepage pit(s), if any, will be uncovered **prior to** the requested inspection time;
- have a septic hauler on site to pump 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:**

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

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

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

**Comments/Directions to property/etc. (optional)**

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**Inspector**

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

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**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 \_\_\_\_\_ Inspector \_\_\_\_\_ Date \_\_\_\_\_  
 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 leach system to surface water is \_\_\_\_\_ ft, or N/A \_\_\_\_\_  
 Distance from leach system 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): \_\_\_\_\_

**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**

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

**Surface discharge?**     no                       yes, there is discharge to: \_\_\_\_\_

**Observations**

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

**Type/Condition/Comments**

**Household plumbing**

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

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

<i>Yes</i>	<i>No</i>	<i>N/O*</i> (*Not Observed)	<u>Type/Condition/Comments</u>
_____	_____	_____	<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? _____

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

**Yes    No    N/O\***                      Type/Condition/Comments  
 (\*Not Observed)

**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:**

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**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

**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 February 3, 2010.
  
5. \_\_\_ Recommend upgrade, expansion, and/or replacement of one or more components.

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

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**\*\*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: \_\_\_\_\_