



National Association of Wastewater Transporters, Inc.

Onsite Wastewater Treatment System Inspection Report

Ordered by Whom: _____

Date: Time Scheduled: __/__/20__ : __: __am pm

Send Copy to: _____

Fax to: (____) _____

Site Address: _____

Billing Address: _____

Phone: _____

Phone: _____

A. General Information: (Obtain as much as possible when inspection ordered)

1.) Age of wastewater treatment system: _____ years.

Was a Homeowner Questionnaire completed? Yes No

2.) Number of people occupying dwelling: Currently: _____ Anticipated: _____

If currently unoccupied, for how long has it been vacant? _____ months

3.) Number of bedrooms in dwelling: _____ Flow meter: Yes No

4.) Has there ever been a backup in the house? Yes No

5.) List any known repairs made to the system: _____

6.) Has the system recently been inspected by others? Yes No

If so, who? _____ did it fail? Yes No

7.) Is there a service contract for system components? Yes No

Co.: _____

8.) Date the treatment tank last pumped: _____ Never to my knowlegde

At what frequency? _____ Co.: _____

9.) The above information is true to the best of my knowledge.

Owner:

Date:

Additional Comments:



B. System Type

- 1.) Components of Wastewater Treatment System – complete as necessary
Pretreatment Unit 1: _____ [_____] [gallons or gpd]
Pump: Pump tank 1: _____/ _____ gpm/ tdh [_____] [gallons]
Pretreatment Unit 2: _____ [_____] [gallons or gpd]
- 2.) Pump: Pump tank 2: _____/ _____ gpm/ tdh [_____] [gallons]
Soil Treatment Unit: _____ [_____] [square feet]

Additional Components:

- 3.) Gray-water run-off or drainage system?
 None Surface Subsurface Discharge
Comments:

C. Evaluation Procedures: Check the appropriate boxes.

Locate, access, and open the septic tank cover.

- Yes No
If at grade, is the cover “secure?” Yes No
Can surface water infiltrate into the tank? Yes No
Any indicators of previous failure? Yes No
Inspect lid, inspect level, measure sludge and scum, check effluent screen. Yes No
Run an operation test Yes No
Gallons added in the test: _____ gallons
If applicable, pump out primary treatment tank, Yes No
Listen and observe for backflow into the tank from the outlet pipe.

Comments: _____

Caution: Do not pump treatment tank if there is evidence of a malfunction in any portion of the system.

- Inspect the condition of the primary treatment tank Yes No
(for cracks, infiltration, deterioration, or damage)
and the integrity of the inlet and outlet baffles (for deterioration or damage) Yes No

NEVER enter a tank unless proper confined space entry procedures are followed!

Does the system contain a dosing or pump tank, ejector or grinder pump?

- Yes No
If so, Did you check integrity of the tank (cracks, infiltration, etc.)? Yes No
Is the pump elevated off the bottom of the chamber? Yes No
Does the pump work? Yes No
If there is a check valve, is a purge hole present? Yes No
Is there a high water alarm? Yes No
Does the alarm work? Yes No
Do electrical connections appear satisfactory? Yes No
Did you clean the pump tank? Yes No

Probe the soil treatment area to determine its location and to check for excessive moisture, odor, and/ or effluent.

Type of distribution:

Yes No

Gravity Pressure

Is There:

Any indication of a previous failure?

Yes No

Seepage visible on the lawn?

Yes No

Lush vegetation present?

Yes No

Ponding water in the Distribution media?

Yes No

Even distribution of effluent in the field?

Yes No

Determine approximate distance between water well and soil treatment area.

Approximate distance is _____ feet.

Explain answers as necessary:

D. Sketch of System

For reproducible results, show dimensions from structures that will not change, such as corners or the house. Show details, such as the road, in relation to the house to get the correct orientation. Show all located components.

E. Checklist Summary

- 1.) Pretreatment Unit 1 is in Acceptable Unacceptable condition.
Pretreatment Unit 2 is in Acceptable Unacceptable condition.
Comments:
- 2.) Soil Treatment area is in Acceptable Unacceptable condition.
Comments:
- 3.) Pump and pump tank is in Acceptable Unacceptable condition.
Comments:

F. Company Disclaimer

Based on what we were able to observe and our experience with onsite wastewater technology, we submit this Onsite Wastewater Treatment System Inspection Report based on the present condition of the onsite wastewater treatment system. _____ has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future. Because of the numerous factors (usage, soil characteristics, previous failures, etc.) which may effect the proper operation of a wastewater treatment system, this report shall not be construed as a warranty by our company that the system will function properly for any particular buyer. _____ DISCLAIMS ANY WARRANTY, either expressed or implied, arising from the inspection of the wastewater treatment system or this report. We are also not ascertaining the impact the system is having on the environment.

Inspecting Company

_____ Phone:(_____) _____



ATU: Manufacturer _____

- 1. (a) Within 10 feet of perimeter of ATU unit, were odors present:
(b) If 'Yes', rank strength of odor (0= none, 5= strong) 1 2 3 4 5
Color of the active bacteria None Chocolate Black
- 2. Was foaming/ residue observed outside the unit: Yes No
- 3. Air Supply working satisfactory: Yes No
- 4. Settling chamber appearance satisfactory: Yes No
 - a. Effluent clarity (1clear-----5 cloudy) 1 2 3 4 5
 - b. DO in the settling chamber _____ ppm
 - c. Settle ability rate _____ % in _____ minutes
 - d. Plugging of media (%) 10% 30 50 75 100%
- 5. Operation controls working satisfactory: Yes No
- 6. Additional Manufacturer's required maintenance was performed: Yes No
(If 'Yes', attach Manufacturer Inspection form to this report, if supplied)

COMMENTS:

Media filter

- 1. Type of Media: sand, peat, synthetic, wetland _____
- 2. Depth of media: _____ in
- 3. Media replacement Yes No
- 4. Effluent surfacing on top of filter: Yes No
- 5. Ponding in Distribution media: Yes No
- 6. Transparency of effluent after passing through Media filter (check one):
 - (a) Clear (1) to Milky (5) 1 2 3 4 5
 - (b) DO in the filter effluent _____ ppm
- 7. Operation controls working satisfactory: Yes No
- 8. Recirculating Media Filter**
 - (a) Was the recirculation equipment operating Yes No
 - (b) DO in the recirculation tank: _____ ppm

COMMENTS:

Disinfection System

1. If power is supplied to the unit, was it turned 'ON': Yes No
2. Is the disinfection chamber operating properly Yes No
3. Chlorination system operating properly Yes No
 Type: _____ Free chlorine value: _____ ppm
 Testing method : _____
4. Dechlorination requirements Yes No
 Type: _____
5. Ultraviolet [UV] system operating properly Yes No
 Type: _____
 UV Bulb operating properly Yes No
 Brightness reading: Required: _____ Measured: _____
6. Ozonation operating properly Yes No
 Type: _____ Source available Yes No
 Delivery system operating Yes No

COMMENTS:

Drip distribution

1. Manufacturer: _____ Type of emitters: PC Non-PC
 Number of zones: _____
2. Drip System Flushed: Yes No
 Method: _____ Manual _____ Automatic
3. Drip Filter type: _____ Disk _____ Screen Cleaned: Yes No
4. Air release valve operating properly Yes No
5. Zone _____ appearance
 Uniform vegetative growth Yes No
 Vegetative maintenance Yes No
 Settling Yes No
 Proper drainage Yes No
 Wet areas Yes No

COMMENTS:



