



**GROUND WATER DISCHARGES SECTION  
EXISTING ON-SITE WASTEWATER SYSTEM FIELD INSPECTION REPORT**

**Inspection Request Received From**

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Owner (if different)**

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Property**

**\*\*ZONING CERTIFICATE MANDATORY\*\***

Tax Map #: \_\_\_\_\_ Type of Structure: \_\_\_\_\_ Single Family Dwelling  
 Subdivision (if appl): \_\_\_\_\_ Multi-Family  
 City, State, Zip: \_\_\_\_\_ Community/Large  
 Physical Address: \_\_\_\_\_ Commercial

Age of Structure: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ # of Residents: \_\_\_\_\_

Occupied: \_\_\_ Yes \_\_\_ No Length of Vacancy: \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_ N/A if occupied

**Permit / System**

Permit Available: \_\_\_ Yes \_\_\_ No Permit #: \_\_\_\_\_

Age of System: \_\_\_\_\_

System Type: \_\_\_ Full Depth Gravity \_\_\_ Full Depth LPP \_\_\_ Elevated Sand Mound  
 \_\_\_ Capping Fill Gravity \_\_\_ Capping Fill LPP \_\_\_ Micro Drip Irrigation  
 \_\_\_ Full Depth Pressure Dosed \_\_\_ Alternative System\* \_\_\_ Seepage Pit  
 \_\_\_ Capping Fill Pressure Dosed \_\_\_ Wisconsin at Grade \_\_\_ Cesspool

\* All Innovative/Alternative systems including Advanced Treatment Unit's (ATU's) and alternative drainfield systems may only be inspected by a Class H licensee that has been certified through DNREC approved training for that ATU or alternative drainfield system. Proof of certification must be submitted to DNREC. **A Class H license alone is not adequate enough for this task.**

**General Information**

**Pump Out**

Date of Last Pump Out: \_\_\_\_\_  
 Pumping Frequency: \_\_\_\_\_

**Repairs**

Repairs made to system? \_\_\_ Yes \_\_\_ No  
 Was repair permit issued? \_\_\_ Yes \_\_\_ No  
 Details \_\_\_\_\_

**Name of System Maintainer**

**Water Service**

\_\_\_ Central Water \_\_\_ On-Site Well

Is this a second opinion inspection? \_\_\_ Yes \_\_\_ No

Is there a water treatment system discharging into the systems? \_\_\_ Yes \_\_\_ No

Does grey water discharges somewhere other than the septic system? \_\_\_ Yes \_\_\_ No

If yes, location \_\_\_\_\_

**Information Verification**

I attest this information I have provided is true and accurate to the best of my knowledge

\_\_\_\_\_  
 Owner's/Requestor's Signature

\_\_\_\_\_  
 Date



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**Inspection Data**

Date : \_\_\_\_\_  
Site Condition: \_\_\_\_\_ Dry \_\_\_\_\_ Wet      Recent Heavy Precipitation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Weather: \_\_\_\_\_ Sunny \_\_\_\_\_ Cloudy \_\_\_\_\_ Rain \_\_\_\_\_ Snow

Is there evidence that sewage has backed up into the structure? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Do trees or tree roots appear to interfere with the system? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Is there evidence or documentation of wastewater surfacing? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Is any portion of the system below a deck, driveway, walkway, etc.?  
Was a visual inspection under the home for grey water performed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Was a flow test from each household fixture performed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ No Access  
\_\_\_\_\_ No Access

**Treatment Tank(s)**

**\*\* PUMP OUT MANDATORY \*\***

_____ Septic Tank	Capacity (gal) *	_____	# of Compartments	_____
	Material **	_____	Dimensions	_____ x _____ x _____
_____ Cesspool	Capacity (gal) *	_____	# of Compartments	_____
	Material **	_____	Dimensions	_____ x _____ x _____
_____ Other	Capacity (gal) *	_____	# of Compartments	_____
	Material **	_____	Dimensions	_____ x _____ x _____

Depth from ground surface to the top of tank \_\_\_\_\_”

Scum Thickness \_\_\_\_\_” Sludge Thickness \_\_\_\_\_”

\* Round: D” X D” / 292.5 X H”    Rectangular: L” X W” / 231 X H”      \*\* Specify Concrete, Metal, Other

	<u>S</u>	<u>SWC</u>	<u>U</u>		<u>S</u>	<u>SWC</u>	<u>U</u>
Tank	_____	_____	_____	Liquid Level (Tank)	_____	_____	_____
Top/Lids/Risers (if appl)	_____	_____	_____	Effluent Filter	_____ N/A	_____	_____
Baffles	_____	_____	_____				

Name of pump company \_\_\_\_\_ Date of pump out \_\_\_\_\_

**\* PUMPOUT DOCUMENTATION MAY BE REQUIRED \***

Does effluent from the absorption facility run back to the treatment tank? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Is there evidence of effluent surfacing above the treatment tank(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

S = Satisfactory, SWC = Satisfactory With Concerns, U = Unsatisfactory



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#### Distribution System

	<u>S</u>	<u>SWC</u>	<u>U</u>		<u>S</u>	<u>SWC</u>	<u>U</u>
Distribution Box (if Existing)	_____	_____	_____	Liquid Level (D-Box)	_____	_____	_____
Diversion Box (if Existing)	_____	_____	_____	Liquid Level (Div-Box)	_____	_____	_____
Distribution Piping	_____	_____	_____	Top/Lid	_____	_____	_____
Baffles	_____	_____	_____				

*S = Satisfactory, SWC = Satisfactory With Concerns, U = Unsatisfactory*

Distribution Box level, allowing equal distribution?	_____	Yes	_____	No	_____	N/A
Is effluent above the lateral inverts in the distribution box?	_____	Yes	_____	No	_____	N/A
Does effluent from the absorption facility run back to the D-Box?	_____	Yes	_____	No	_____	N/A
Is there evidence of effluent surfacing above the D-Box?	_____	Yes	_____	No	_____	N/A

Distribution Box Capacity (gal) \* \_\_\_\_\_  
 Material \*\* \_\_\_\_\_  
 Dimensions \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_

\* Round: D" X D" / 292.5 X H"    Rectangular: L" X W" / 231 X H"

\*\* Specify Concrete, Metal, Other

#### Holding / Dosing Tank / Lift Station

\_\_\_\_\_ Holding Tank    \_\_\_\_\_ Lift Station    \_\_\_\_\_ Dosing Tank    Gallons: \_\_\_\_\_  
 Material: \_\_\_\_\_  
 Dimensions: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_

Effluent measurement before activating pump \_\_\_\_\_"  
 Effluent measurement after activating pump \_\_\_\_\_"

	<u>S</u>	<u>SWC</u>	<u>U</u>		<u>S</u>	<u>SWC</u>	<u>U</u>
Tank	_____	_____	_____	Electrical Connections	_____	_____	_____
Top/Lids/Risers (if appl)	_____	_____	_____	Timer _____ N/A	_____	_____	_____
Pump/Siphon Operat.	_____	_____	_____	Check Valve & Weep Hole	_____	_____	_____
Alarm	_____	_____	_____	Pump Elev. Off Tank Floor	_____	_____	_____
Vent Pipe	_____	_____	_____				

*S = Satisfactory, SWC = Satisfactory With Concerns, U = Unsatisfactory*

Accumulated solids found in pump tank?	_____	Yes	_____	No
Is alarm on separate circuit?	_____	Yes	_____	No
Infiltration of surface waters?	_____	Yes	_____	No



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**Absorption Facility**

Located:  Yes  No      More than one absorption facility:  Yes  No

How Many: \_\_\_\_\_ Total Sq Ft: \_\_\_\_\_

_____ Bed	_____ x _____	(approx. size) = _____	Sq Ft	
_____ Trenches	_____ x _____	(approx. size) = _____	Sq Ft	# of Trenches _____
_____ Seepage Pit	_____ x _____	(approx. size) = _____	Sq Ft	
_____ Cesspool	_____ x _____	(approx. size) = _____	Sq Ft	
_____ Other (describe)	_____			

Are there signs of previous absorption facility failure?  Yes  No

Are there any overflow lines?  Yes  No

**Summary of System Component Inspections  
Review "Overall Comments" for Summary of Ratings**

	Satisfactory	Satisfactory With Concerns	Unsatisfactory
Treatment Tank(s)	_____	_____	_____
Holding/Dosing Tank/Lift Station	_____	_____	_____
Absorption Facility(ies)	_____	_____	_____
Distribution System	_____	_____	_____

**Overall Comments (use additional paper if needed)  
Include Comments for Satisfactory with Concerns & Unsatisfactory Ratings**

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**Inspector**

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

License #: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

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



**GROUND WATER DISCHARGES SECTION**  
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**Scale Drawing of On-Site Wastewater Treatment & Disposal System Location or Attach Existing Permitted Plot Drawing**

Scale  
1"= \_\_\_\_\_'

North

- 
- A site drawing to scale, straight edge must be used (no free-hand lines), must show a reference point such as a numbered utility pole, telephone or electrical box, building(s), property corners or fixed survey markers, or GPS coordinates. A minimum of two (2) such reference points should be noted on the site sketch. Site sketch(es) shall be based on a whole number scale not to exceed 1 inch equals 100 feet. Acceptable scales are: 1 inch = 10, 20, 30, 40, 50, 60, or 100 feet.
  - A north directional arrow.
  - Indicate location of central water line or onsite well. All onsite wells must be measured from two (2) reference points or established survey control.
  - Identify each wastewater treatment and disposal system component.
  - Mark distances from fixed reference points (i.e. property corners, existing dwelling, etc.) or established survey control points for each wastewater treatment and disposal system component.
  - Should an existing approved permit drawing be available the drawing may be used, but the inspector must either note on the drawing that “no changes were found” or clearly mark all the changes on the permit drawing.



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