



New System Inspection Report

Inspected by _____ # _____ Date _____

Owner _____ Phone _____

Address _____

As-builts

Second site _____

Certified statement _____ Lic. # _____

System Design

Certified statement _____ Lic. # _____

Bedrooms _____ Flow _____ gpd

Garbage disposal: Yes No Sump pump: Yes No

Clean water sources _____

Acceptable
 Unacceptable

Site Preparation

Same as design? Yes No

Setbacks: Well _____ ft. Water lines _____ ft. Buildings _____ ft.

Surface water _____ ft. Property line _____ ft.

Traffic Patterns: _____

Pressure-tested? Yes No

Acceptable
 Unacceptable

Materials

Clean sand _____

Washed rock _____

Proper cover _____

Acceptable topsoil _____

Appropriate pipe specs _____

Acceptable
 Unacceptable

Soil information

Depth to limiting condition _____ in. Maximum depth of system _____ in.

System elevation _____ Bench mark _____

SSF _____ sqft/gpd LLR _____ gpd/ ft

System width _____ ft System length _____ ft

System square footage _____ sqft Absorption area _____ sqft

Site drainage: Yes No Swale: Yes No

Acceptable
 Unacceptable

Building Sewer

Bedding Yes No

Piping Yes No

Slope Yes No

Insulation Yes No

Clean out Yes No

Acceptable
 Unacceptable

Tank

Warning label Yes No

Acceptable Base Yes No

Sealed Penetrations Yes No

Manhole grade Yes No

Inspection pipes Yes No

Baffles Yes No

Effluent screen Yes No

Alarm Yes No

Effluent screen: Yes No

Tank capacity _____ gal

Compartments? Yes No # _____

Acceptable
 Unacceptable

Lift station/Grinder

Tank size _____ gallons % of daily flow _____ %

Timed Dose: Yes No Demand dose: Yes No Piggyback? Yes No

Pump sizing: _____ gpm _____ tdh Alarm : Yes No

Assembly location: _____ Wiring Check: _____

Water tight: _____

Acceptable
 Unacceptable

Pretreatment Device

Distribution pressure: Yes No

Acceptable
 Unacceptable

Pump sizing _____ gpm _____ tdh

Media _____ Depth _____ ft

Drainage type pump gravity

Operating Permit:

Sampling location and equipment Yes No

Effluent quality Yes No

Frequency Yes No

Mitigative plan Yes No

Responsible parties Yes No

Soil Treatment Area

Below Grade

Excavation

Acceptable
 Unacceptable

Plastic limit Yes No Compaction concerns Yes No

Smearing Yes No

Level Yes No

Distribution Serial (drop boxes) Parallel Pressure

Drainback: Yes No Lateral locations: Unlevel distribution Yes No

Perforation size: _____ Number: _____ Perfs / Laterals _____

Distribution media Rock Gravelless pipe Chamber system

Other* _____

Above Grade

Scarification: Yes No Compaction concerns: Yes No

Level: Yes No Drainback: Yes No

Acceptable
 Unacceptable

Lateral locations

Perforation size: _____ Number: _____ Perfs / _____ Laterals

Distribution Timed Pressure

Distribution media: Rock Other* _____

Site Sketch:

