

**CONNECTICUT RECOMMENDED MINIMUM**  
**EXISTING SEPTIC SYSTEM**  
**INSPECTION REPORT**

DATE: \_\_\_\_\_

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(1) **PROPERTY ADDRESS:** \_\_\_\_\_ **TOWN:** \_\_\_\_\_  
Type of Dwelling or Use: \_\_\_\_\_

(2) **CLIENT INFORMATION:**  
Client's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Town : \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

(3) **INSPECTOR INFORMATION:**  
Inspector's Name: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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**DISCLAIMER:**

**THIS INSPECTION REPORT INDICATES THE PRESENT CONDITION OF THE PRIVATE ON-SITE SUBSURFACE SEWAGE DISPOSAL SYSTEM BASED ON RECOMMENDED INSPECTION PROCEDURES OUTLINED IN THIS REPORT. THE RESULTS OF THIS INSPECTION DOES NOT GUARANTEE OR WARRANTY FUTURE PERFORMANCE. THE INSPECTION REPORT EXCLUDES AND DOES NOT INTEND TO COVER COMPONENTS THAT ARE INACCESSIBLE (BY REASONABLE HAND DIGGING) OR ARE OTHERWISE NOT OBSERVABLE.**

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(4) **RESULTS AND RECOMMENDATIONS** (Check applicable items):

- a. \_\_\_\_\_ System functioned properly at time of inspection
- b. \_\_\_\_\_ System functioning but is not sized per current standards, no upgrade required
- c. \_\_\_\_\_ System operating at capacity under current usage levels
- d. \_\_\_\_\_ Plumbing leaks or wastewater routing problems in home
- e. \_\_\_\_\_ Need for component replacement due to structural damage
- f. \_\_\_\_\_ Further investigation of leaching system with machine digging is recommended
- g. \_\_\_\_\_ Evidence of prior high liquid levels in system components
- h. \_\_\_\_\_ Sewage overflow observed, repair required under permit of local health department
- i. \_\_\_\_\_ Soil testing recommended to determine expansion/repair area

COMMENTS AND RECOMMENDATIONS FOR ABOVE CHECKED ITEMS ON NEXT PAGE

# INSPECTION REPORT

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## COMMENTS \_\_\_\_\_

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## RECOMMENDATIONS \_\_\_\_\_

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NOTE: The recipient of this report should discuss any deficiencies found by this inspection with the Inspector.

## INSPECTION PROCEDURES

### (5) RECORDS AND DATA: (OBTAIN AS MUCH AS PRACTICAL PRIOR TO THE ACTUAL INSPECTION)

This information may be obtained through numerous sources, some of which is provided voluntarily, such as, through the property owner. The inspector assumes no responsibility for the accuracy of information provided in this manner.

Attach copies of all available records and indicate the source of such records.

#### RECORDS (INDICATE NUMBER OF EACH)

Permit Applications: New System: \_\_\_\_\_ Date: \_\_\_\_\_ Source: \_\_\_\_\_  
Repair/Alter: \_\_\_\_\_ Date: \_\_\_\_\_ Source: \_\_\_\_\_

Permits to Construct: New System: \_\_\_\_\_ Date: \_\_\_\_\_ Source: \_\_\_\_\_  
Repair/Alter: \_\_\_\_\_ Date: \_\_\_\_\_ Source: \_\_\_\_\_

Permits to Discharge: New System: \_\_\_\_\_ Date: \_\_\_\_\_ Source: \_\_\_\_\_  
Repair/Alter: \_\_\_\_\_ Date: \_\_\_\_\_ Source: \_\_\_\_\_

NOTE: Lack of records or data on file does not necessarily indicate that the existing subsurface sewage disposal system is non-compliant with installation standards.

#### MAINTENANCE RECORDS

Last Two Septage Pumpout Dates: \_\_\_\_\_, \_\_\_\_\_ Source \_\_\_\_\_  
Copies of Pumpout Reports: Available? \_\_\_\_\_ (Y/N) Source \_\_\_\_\_

#### LOCATION DRAWING – (AS-BUILT)

Is a Location Drawing Available? \_\_\_\_\_ (Y/N) Source \_\_\_\_\_

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**(6) GENERAL INFORMATION**

Age of System: Tank: \_\_\_\_\_ Years Leaching Fields: \_\_\_\_\_ Years  
Number of People Occupying Dwelling: Currently \_\_\_\_\_ Anticipated \_\_\_\_\_.  
If currently unoccupied, how long has it been vacant? \_\_\_\_\_.  
Number of Bedrooms: \_\_\_\_\_.  
Water Supply to Building: \_\_\_\_\_ Well; \_\_\_\_\_ Comm. Well; \_\_\_\_\_ Public water supply

**(7) WASTEWATER ROUTING**

One Tank/One System \_\_\_\_\_ . Two or more tanks/One System \_\_\_\_\_  
Separate Gray and Black Water Systems \_\_\_\_\_ .  
Does more than one sewer line leave the foundation \_\_\_\_\_ (Y/N) (indicating possible two separate systems?)  
Is there an in-home ejector pump? \_\_\_\_\_ (Y/N)  
Water treatment system present? \_\_\_\_\_ (Y/N) If Yes, does backwash discharge to septic system? \_\_\_\_\_ (Y/N) If Yes, recommend alternative.  
Is there a garbage disposal present? \_\_\_\_\_ (Y/N) If Yes, recommend cleaning tank more often.  
Is there a sump pump present? \_\_\_\_\_ (Y/N) If Yes, where discharged? \_\_\_\_\_  
  
Does the washing machine discharge to septic tank? \_\_\_\_\_ (Y/N) If No, DYE TEST may be necessary. If discharge is to a separate drywell or separate leaching system, is it functional? \_\_\_\_\_ (Y/N) If No, corrective action would be required.  
Is there any indication that sewage bypasses the septic system? \_\_\_\_\_ (Y/N) If Yes, DYE TEST may be necessary.

NOTE: IF DYE TEST IS NECESSARY PERFORM IT PRIOR TO PUMPING TANK

**(8) SEPTIC TANK EVALUATION**

TYPE OF SEPTIC TANK: \_\_\_\_\_ Cesspool \_\_\_\_\_ Single Compartment  
\_\_\_\_\_ Two Compartment \_\_\_\_\_ Multiple Tanks

CLEANOUT OF TANK ACCESSIBLE? \_\_\_\_\_ (Y/N) At what depth below grade? \_\_\_\_\_\*  
\*If greater than 12" a riser to within 12" is required by Public Health Code.

TANK CONSTRUCTION: \_\_\_\_\_ Concrete \_\_\_\_\_ Plastic \_\_\_\_\_ Fiberglass  
\_\_\_\_\_ Metal \_\_\_\_\_ Other: \_\_\_\_\_.

VOLUME OF TANK: \_\_\_\_\_ Gallons

<u>TANK COMPONENTS:</u>	<u>PRESENT (Y/N)</u>	<u>TYPE COMP.</u>	<u>CONDITION (GOOD,FAIR,POOR)</u>
General Tank	_____	_____	_____
Inlet Sewer Line	_____	_____	_____
Inlet Baffle	_____	_____	_____
Outlet Baffle	_____	_____	_____
Effluent Filter	_____	_____	_____
Compartment Wall	_____	_____	_____

Has there been any indication of previous higher than normal levels of septage in the tank? \_\_\_\_\_(Y/N)  
What is actual distance between liquid level in tank and tank ceiling? \_\_\_\_\_ inches

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If septic tank was pumped, did sewage flow back into the tank from the leaching fields? \_\_\_\_\_ (Y/N)  
(this may indicate either, the system is flooded or, there is blockage occurring in the distribution system)

What was the amount of solid build-up in the tank at the time of inspection:  
\_\_\_\_\_ Excessive                      \_\_\_\_\_ Normal                      \_\_\_\_\_ Light

Is system served by a pump and pump chamber? \_\_\_\_\_ (Y/N)  
If yes, give details: \_\_\_\_\_

Pump in working order, with alarm, manhole to grade? \_\_\_\_\_

**(9) LEACHING SYSTEM EVALUATION**

TYPE OF SYSTEM:      \_\_\_\_\_ Trenches                      \_\_\_\_\_ Galleries                      \_\_\_\_\_ Pits  
   \_\_\_\_\_ Bed                      \_\_\_\_\_ Other, Type? \_\_\_\_\_

LEACHING AREA REQUIRED PER CURRENT STANDARDS (if perc. test info. is avail.): \_\_\_\_\_ S.F.

EFFECTIVE LEACHING AREA PROVIDED (if as-built drawing is available) \_\_\_\_\_ S.F.

Distance between septic tank/leaching fields and potable water wells: \_\_\_\_\_ FEET\*  
\* INDICATE LOCATIONS AND DISTANCES ON DIAGRAM ON PAGE 5

Are there any structures or impermeable surfaces located over or near the leaching area? \_\_\_\_\_ (Y/N)  
Describe: \_\_\_\_\_

Were one or more of the following signs of system malfunction present?

- \_\_\_\_\_ SEPTIC ODORS
- \_\_\_\_\_ PONDING OR SEWAGE BREAKOUTS
- \_\_\_\_\_ LUSH GREEN GRASS OVER PARTS OF SYSTEM
- \_\_\_\_\_ ILLEGAL DISCHARGE

Does surface water, roof drains, or sump pump runoff drain onto the leaching area \_\_\_\_\_ (Y/N)

Were distribution boxes exposed? \_\_\_\_\_ (Y/N) What was found? \_\_\_\_\_

Was the leaching system probed? \_\_\_\_\_ (Y/N) What were results? \_\_\_\_\_

Were there any leaching galleries or pits opened to observe present or past effluent levels? \_\_\_\_\_ (Y/N)  
What was found? \_\_\_\_\_

**INSPECTION REPORT**

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Was a more in-depth investigation of leaching system conducted? \_\_\_\_\_ (Y/N) What were results?

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

Is there an expansion/repair area available? \_\_\_\_\_ Likely \_\_\_\_\_ Not Likely \_\_\_\_\_ Unknown

Were there any conditions observed which could limit a repair? (wetlands, ledge outcrops, streams, etc.)

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

**(10) DIAGRAM OF S. TANK AND LEACHING SYSTEM LOCATION (ties from permanent structures):**

\_\_\_\_\_  
**INSPECTOR'S NAME** (printed or typed)

\_\_\_\_\_  
**INSPECTOR'S SIGNATURE**

**PROFESSION:** \_\_\_\_\_ **LIC.NO.** \_\_\_\_\_ **DATE:** \_\_\_\_\_

This form has been developed by the Connecticut Environmental Health Association with assistance from the State Department of Public Health, Local Sanitarians, Licensed Installers, CT Sewage Disposal Association, CT Association of Realtors and the Home Inspection Industry