National Association of
Wastewater Technicians, Inc.

Onsite Wastewater Treatment System Inspection Report

Ordered by Whom:_____
Send Copy to: _____
Site Address: _____
_____
_____
_____
Phone: _____

Date: Time Scheduled: __/__ 20__ : __:__am pm
Fax to: (____) _____
Billing Address: _____
_____
_____
_____
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 tank1: _____/ _____ 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. ◯Yes ◯No

Type of distribution: ◯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. Ozination 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 drainge ○Yes ○No
   Wet areas ○Yes ○No

COMMENTS:

_____

_____