

INSPECTIONS OF EXISTING SEPTIC SYSTEMS

Frequently the transfer of ownership of single family homes entails a home inspection. If the home is served by an on-site subsurface sewage disposal system (septic system) it usually is inspected as part of the total home inspection process.

The State of Connecticut does not certify septic system inspectors nor are there mandatory inspection procedures that all inspectors should follow. In an attempt to clarify this situation, the Connecticut Environmental Health Association (CEHA) organized a committee of state and local health personnel; septic system installers and cleaners, who perform inspections; home inspectors; and members of the Connecticut Association of Realtors, to develop the following "Connecticut Recommended Minimum Existing Septic System Inspection Report" Form.

The committee is hopeful that this form will be utilized throughout the industry as a standard for septic system inspections. Prospective buyers should ask their real estate agent and/or their septic system inspector whether or not this form will be used. If the form will not be utilized, you may want to inquire as to the thoroughness of the inspection.

The form is basically self-explanatory, however, the committee also concluded that general information regarding various aspects of the inspection process and a glossary of terms associated with septic systems would be helpful to the general public. For that reason a supplement to the inspection form was prepared and should be supplied along with the completed form.

CONNECTICUT RECOMMENDED MINIMUM
EXISTING SEPTIC SYSTEM
INSPECTION REPORT

DATE: _____

(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: _____

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.

(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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(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</u> (Y/N)	<u>TYPE</u> <u>COMP.</u>	<u>CONDITION</u> (GOOD, FAIR, POOR)
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? _____

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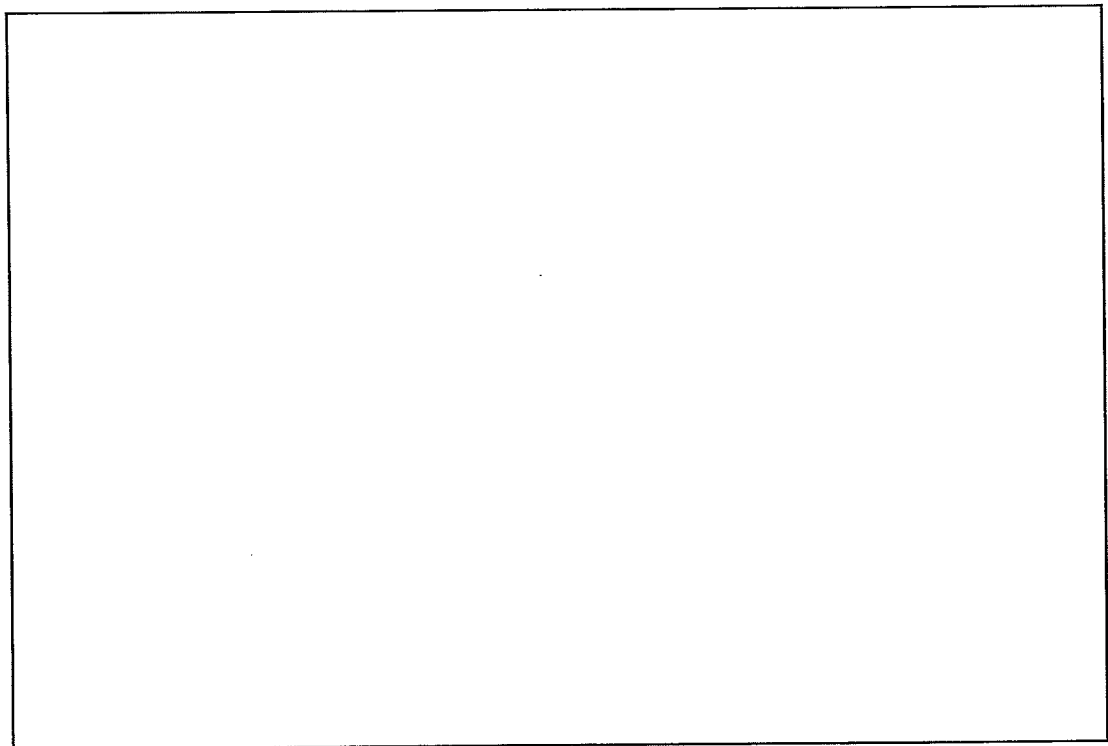
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Was a more in-depth investigation of leaching system conducted? _____ (Y/N) What were results?

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