

**Westchester County
Subsurface Sewage Treatment System
Inspection Form**

I. GENERAL INFORMATION

Property Information

1. Property Mailing Address (No. & Street): _____
Town/ Village: _____ State: _____ Zip: _____
2. Owner: _____
3. Owner Mailing Address (No. & Street) (if different): _____
Town/ Village: _____ State: _____ Zip: _____
4. Telephone: Home: _____ Work: _____ Property: _____
5. Tax Map # (Sec/Blk./Lot) _____ - _____ - _____ Municipality: _____
6. Property Use: Single Family Multi-Family Industrial Commercial Other - describe: _____

System Information

7. Is there a site plan or septic system plan available yes no WCDH File #(if available): _____
Domestic water supply source: Public Well
8. Type of Subsurface Sewage Treatment System (Septic System):
 Septic Tank with Absorption Trenches Septic Tank with Seepage Pits Septic Tank with Galleys Cesspool
 Other: Describe: _____
9. Location of septic system Front Yard Rear Yard Side Yard
10. Septic Tanks: Number: _____ Size of each: _____ (gallons) Tank Material: _____
11. Date septic tank last pumped _____ Name of Septage Collector: _____
12. Absorption Field:
Approximate number of absorption trenches: _____
Approximate total length of absorption trench: _____
13. Seepage pits: Number: _____ Size of each: Height _____ X Diameter _____
14. Other Components: Number: _____ Describe: _____
15. Sewage Pump yes no; Dosing siphon yes no

II. OWNER INTERVIEW

16. Year of septic system construction: _____ Year house/facility was built: _____
17. Year of any modifications to septic system _____ Describe: _____
18. Number of:
a. Bedrooms _____ Bathrooms _____ Hot Tubs _____
b. Toilets _____ Type: Old Standard New Standard Water Saving
c. Sinks _____ Faucet Type: Old Standard Water Saving
d. Showers/Tubs _____ Faucet Type: Old Standard Water Saving
e. Dishwashers _____ Garbage Disposal _____ Washing Machines _____
f. Water Softener/Treatment Equipment yes no
Backwash Discharges into Septic System yes no or discharges into other location yes no
Describe: _____

19. Has the septic system had any apparent problems?

- a. Odors yes no
- b. Slow draining plumbing yes no
- c. Sewage backing up into building yes no
- d. Discharge of sewage onto the surface of the ground yes no

Describe: _____

20. Are there any roof leaders, foundation and other drainage directed toward or connected to septic system? yes no

III. SITE INSPECTION

21. Date of Inspection: _____

22. Evidence of exposed or discharged sewage onto the surface of the ground: yes no

If yes, describe: _____

23. Draw and label building and septic system components: (draw on space below)

24. Evidence of potential septic system problems:

- a. Odors yes no
- b. Saturated surface soils yes no
- c. Lush vegetation yes no
- d. Changes in vegetation yes no
- e. Presence of trees within 10 feet or root penetration yes no
- f. Broken pipe yes no
- g. Rock outcroppings yes no
- h. Other yes no Describe: _____

25. Evidence of storm water ponding on septic system: yes no

If yes, describe: _____

26. Evaluation of Septic Tanks NA

Total number of Septic Tanks(s) _____

	Septic Tank #1	Septic Tank #2
Inlet Baffle	<input type="checkbox"/> in place and intact <input type="checkbox"/> not visible	<input type="checkbox"/> in place and intact <input type="checkbox"/> not visible
Outlet Baffle	<input type="checkbox"/> in place and intact <input type="checkbox"/> not visible	<input type="checkbox"/> in place and intact <input type="checkbox"/> not visible
Inlet or outlet blockages	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Scum Layer Thickness	_____	_____
Sludge Layer Thickness	_____	_____
Total depth of scum and sludge layers exceeds 1/3 total depth of septic tank	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

27. Evaluation of sewage pump or dosing siphon chamber NA or location unknown

Total number of sewage pump or dosing siphon chambers: _____

Is pump or dosing siphon equipped with an alarm? yes no

Chamber equipment operates satisfactorily: yes no

28. Evaluation of Junction Boxes/ Distribution Boxes NA or location unknown

Total number of Junction Boxes: _____

Total number of Distribution Boxes: _____

Are liquid levels: <input checked="" type="checkbox"/> below absorption trench pipe <input checked="" type="checkbox"/> near or at invert of absorption trench pipe <input checked="" type="checkbox"/> near or at top of absorption trench pipe <input checked="" type="checkbox"/> above absorption trench pipe	Junction Box Locations _____ _____ _____ _____	Distribution Box Locations _____ _____ _____ _____
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29. Evaluation of Seepage Pits/Galleys/Other Components (e.g. cesspool, alternative system, etc.) NA or location unknown

Total number of Seepage Pits: _____

Total number of Galleys: _____

Total number of Other Components: _____ Describe: _____

	Seepage Pit #1	Seepage Pit #2	Seepage Pit #3
Location of Seepage Pit	_____	_____	_____
Depth of Seepage Pit	_____	_____	_____
Depth of Liquid Level	_____	_____	_____
	Galley #1	Galley #2	Galley #3
Location of Galley	_____	_____	_____
Depth of Galley	_____	_____	_____
Depth of Liquid Level	_____	_____	_____
	Component #1	Component #2	Component #3
Location of Other Component	_____	_____	_____
Depth of Other Component	_____	_____	_____
Depth of Liquid Level	_____	_____	_____

IV. INSPECTION CONCLUSION (check all that apply)

- Septic System appears to be operating satisfactorily
- Evidence of exposed or discharged sewage onto the surface of the ground indicating septic system failure
(describe under General Comments)
- Septic tank requires evacuation by Septage Collector
- Septic system failure appears imminent (describe under General Comments)
- Septic system in need of repairs (describe under General Comments)
- Septic system in need of expansion (describe under General Comments)

General Comments:

V. INSPECTOR INFORMATION

Septic System Contractor or PE/RA name (please print): _____

Septic System Contractor or PE/RA signature: _____ Date: _____

WCDH Septic System Contractor License No. or NYS PE/RA No.: _____