



**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 Code _____

3. INSPECTOR'S NAME _____

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

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COMMENTS _____

RECOMMENDATIONS _____

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 a 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 Pump out Dates: _____, _____ Source: _____
Copies of Pump out 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 ____ Community 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 two possible 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 the 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 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? _____

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 Filer	_____	_____	_____
Compartment Wall	_____	_____	_____

Has there been any indication of previous higher than normal levels of septage in the tank? _____ (Y/N)

What is the 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: _____

Is 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 structure 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 THE SYSTEM
- _____ ILLEGAL DISCHARGE

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

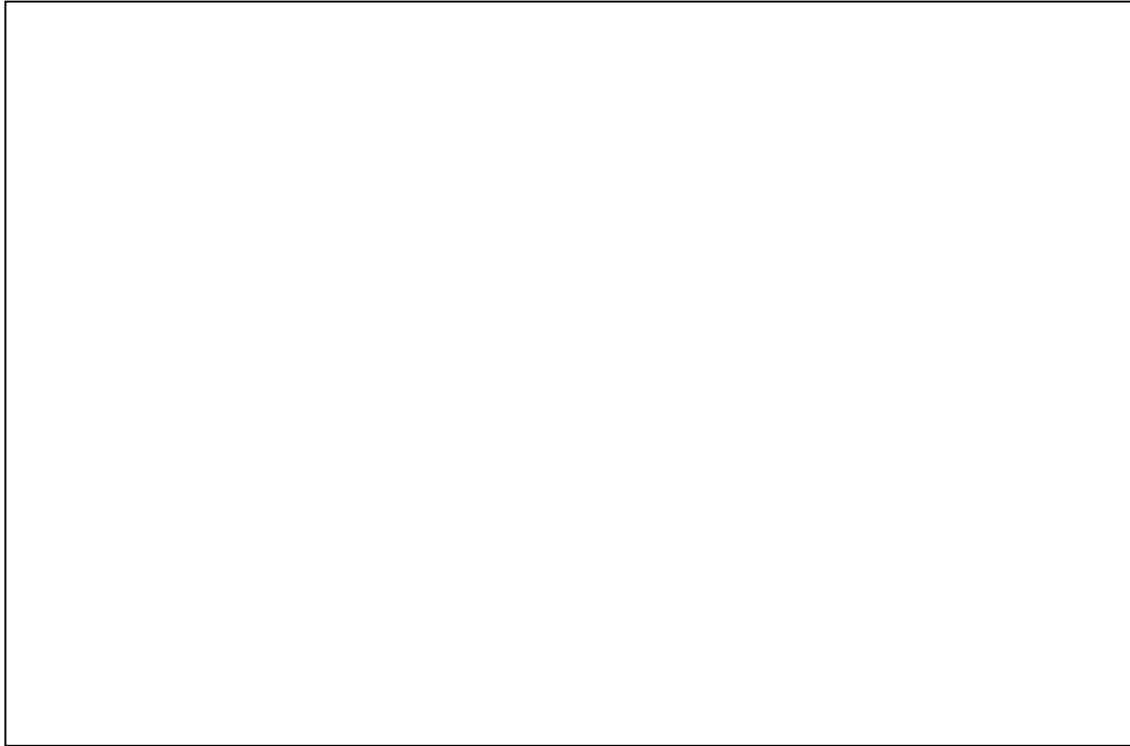
Were distribution boxes exposed? _____ (Y/N) What was found? _____

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

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

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



INSPECTOR'S NAME (printed or typed) INSPECTOR'S SIGNATURE

PROFESSION: _____ LIC. # _____ DATE: _____

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 have developed this form.