



Seneca County Health Department Wastewater Treatment System Inspection Form

Inspection Type

Routine

Property Transfer

Date(s) of inspection (include all dates)

Pass: Yes ___ No ___



OWNER INTERVIEW

Tax Map #: _____

- 1. Owner: _____ Town: _____
2. Property 911 Address: _____
3. Owner's Mailing Address: _____ Zip Code: _____
4. Telephone: _____ E-Mail: _____
5. Property Use: [] Residence [] Multiple Residence [] Rental [] Commercial: Type _____
6. Type of Wastewater Treatment System: (Mark all that apply)
[] Septic Tank with Absorption Trenches/Bed [] Septic Tank with Seepage Pit (dry well) [] Seepage Pit (without Septic Tank)
[] Septic Tank with Sand Filter (discharges to surface? [] yes [] no) [] Holding Tank [] Privy [] Composting Toilet [] Unknown
7. Septic/Holding tank size _____ (gallons) Date last pumped _____ By whom _____
8. Absorption Field:
Number of laterals _____ Length of each lateral _____ or Bed dimensions _____
9. Pump: [] yes [] no Alarm [] yes [] no
10. Date of original septic system construction: _____
11. Date of any modifications to septic system _____ Describe _____
12. Is the property used seasonally? [] yes [] no
13. Is the property currently occupied? [] yes [] no
14. How long has the property been currently occupied? _____ (days/months/years)
15. Number of Bedrooms (total # for multiple homes): _____
16. Garbage Disposal? [] yes [] no Washing Machine? [] yes [] no Dishwasher? [] yes [] no
Water Saving Fixtures? [] yes [] no Water Softener? [] yes [] no; Does Backwash Discharge to Septic System? [] yes [] no
17. Has the septic system had any problems? (such as slow draining plumbing, odors, back-ups, etc) [] yes [] no
Describe: _____
18. Are there any separate treatment systems (seepage pits/drywells) for the kitchen, second bath, laundry, etc.? [] yes [] no
If yes, describe these and their location: _____
19. Are there any drainage pipes or storm drains on the property? [] yes [] no
20. What is your water supply? [] Public [] Lake [] Dug Well [] Drilled Well [] Creek [] Other _____
Is there enough water to complete the inspection? [] yes [] no

Holding Tanks [] N/A

- 21. Is holding tank equipped with alarm or other device to detect leakage or overflow? [] yes [] no
22. How often is the holding tank pumped out? (eg. weekly, monthly, etc?) _____
("as needed" is not acceptable)

OWNER VERIFICATION OF INFORMATION Notice: *In a written statement filed with the County, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of New York State punishable as a Class A Misdemeanor (PL Sec. 210.45).* I certify that to the best of my knowledge the information I have provided herein is correct.

Signature of Owner/Agent _____ Date: _____
(must be an adult)

Print Name of Owner/Agent _____ Agent's Title _____

SITE INSPECTION

- 24. Does all wastewater discharge to only one septic system? yes no; if no, must describe in the comments section.
- 25. Was the plumbing inspected to verify wastewater discharge? yes no; if no, must describe in the comments section.

26. Evidence of system problems:
- | | | | | | |
|-----------------|--|----------------------------|--|------------------------|--|
| Odors | <input type="checkbox"/> yes <input type="checkbox"/> no | Lush/changes in vegetation | <input type="checkbox"/> yes <input type="checkbox"/> no | Sewage backup in house | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Saturated soils | <input type="checkbox"/> yes <input type="checkbox"/> no | Stormwater ponding | <input type="checkbox"/> yes <input type="checkbox"/> no | | |

27. Were all drainage pipes inspected for evidence of dye or wastewater discharge? yes no N/A
(Location of drainage pipes must be shown on the sketch)

28. Shortest distance (in feet) from absorption area of system to:
- a. Cayuga Lake, Seneca Lake, the Seneca-Cayuga Canal, other lakes, streams, spring, pond, etc. _____
 - b. Nearest well-including those on adjacent property _____
 - c. Nearest property line _____
 - d. Nearest dwelling _____

29. If the system has a pump, does it appear to operate properly? yes no N/A

Dye Testing (inform owner regarding the quantity of water to be used)

- | | |
|--|--|
| 30. Which fixtures were turned on: | 31. Where was the dye introduced: |
| a. toilet <input type="checkbox"/> yes <input type="checkbox"/> no | a. toilet <input type="checkbox"/> yes <input type="checkbox"/> no |
| b. bathtub/shower <input type="checkbox"/> yes <input type="checkbox"/> no | b. bathtub/shower <input type="checkbox"/> yes <input type="checkbox"/> no |
| c. bathroom sink <input type="checkbox"/> yes <input type="checkbox"/> no | c. bathroom sink <input type="checkbox"/> yes <input type="checkbox"/> no |
| d. kitchen sink <input type="checkbox"/> yes <input type="checkbox"/> no | d. kitchen sink <input type="checkbox"/> yes <input type="checkbox"/> no |
| e. washing machine/utility sink <input type="checkbox"/> yes <input type="checkbox"/> no | e. washing machine/utility sink <input type="checkbox"/> yes <input type="checkbox"/> no |
| f. other _____ | f. other _____ |

32. Volume of water entered into system
Calculate flow rate (e.g. gallons per minute), the time dye introduced and the fixtures turned on, and the time fixtures turned off.

- a. Routine Inspection: 20 gallons per bedroom; **100 gallons maximum**
Flow rate _____ start time _____ stop time _____ total time _____ total volume _____ gals
- b. Property Transfer Inspection (dwelling occupied):
55 gallons per bedroom; **110 gallons minimum**
Flow rate _____ start time _____ stop time _____ total time _____ total volume _____ gals
- c. Property Transfer Inspection (dwelling unoccupied): _____
110 gallons per bedroom
Day 1: flow rate _____ start time _____ stop time _____ total time _____ volume _____ gals

d. Holding tanks N/A

Did wastewater/dye enter tank? Yes No

Any evidence of leakage from tank? Yes No

Any obvious indication of discharge pipes from the tank? Yes No

33. Evidence of dye or wastewater discharge: yes no Describe location: _____

34. Date of re-visit: _____ (You must re-visit if a holding tank)

35. Evidence of dye or wastewater discharge during re-visit: yes no N/A Describe location: _____

36. Does system pass inspection? yes no

General Comments and/or Problems: _____

Inspector's Verification of Inspection

Notice: In a written statement filed with the County, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of New York State punishable as a Class A Misdemeanor (PL Sec. 210.45).

CERTIFICATION STATEMENT

I certify that I have personally inspected the wastewater treatment system at this address and that the information reported below is true and completed as of the time of inspection. I also certify that the ground was not frozen and that there was no snow cover on this property or adjacent properties at the time the inspection was performed. The inspection was based on my training and experience in the proper function and maintenance of wastewater treatment systems.

Inspector signature: _____
(please sign)

Date: _____

Inspector name: _____
(please print)

Disclaimer of Assessment: Neither the inspector nor Seneca County warranty operation of the wastewater treatment system described in this inspection report. This report must be submitted to the Seneca County Health Department within 30 business days of the inspection. The inspector is required to notify the Seneca County Health Department of a failed system within 3 business days of the inspection and submit the inspection report within 3 business days. For quality control purposes the Seneca County Health Department may visit the site for verification of statements.

