

EASTERN ENVIRONMENTAL SEPTIC LLC

EXISTING SEPTIC SYSTEM INSPECTION REPORT CONNECTICUT RECOMMENDED MINIMUM

PROPERTY INFORMATION

Address _____ Town _____
Type of Dwelling or Use _____ Date _____

CLIENT INFORMATION

Name _____ Phone _____
Mailing Address _____
Town _____
State _____ Zip _____
Agent Name _____
Send Report To _____

INSPECTOR INFORMATION

Name Chris Morrell
Company Eastern Environmental Septic LLC Phone 860-883-0974
Mailing Address 3 Dilaj Drive
Town Columbia
State CT Zip 06237

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 do 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.

RESULTS AND RECOMMENDATIONS

INSPECTION REVEALED (INDICATE ONE OR MORE OF THE FOLLOWING):

- System functioned properly at time of inspection
- System functioning but is not necessarily sized per today's standards, no upgrade required
- Plumbing is lacking, or wastewater routing problems in home
- Need for component replacement and/or modification
- System is currently surcharged
- Evidence of prior high liquid levels in system components
- System operating at capacity under current usage levels
- Sewage overflow observed, repair required under permit of local health department
- Soil testing recommended to determine expansion/repair area

COMMENTS

RECOMMENDATIONS

NOTE: *The recipient of this report should discuss any deficiencies found by this inspection with the Inspector.*

RECORDS AND DATA

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.

MAINTENANCE RECORDS

Source

Last Two Septage Pumpout Dates _____
Copies of Pumpout Reports Available? _____

LOCATION DRAWING (AS-BUILT)

Is a Location Drawing Available? _____

RECORDS (INDICATE NUMBER OF EACH)

Date

Source

Permit Applications:	New System	_____	_____	_____
	Repair/Alter	_____	_____	_____
Permits to Construct:	New System	_____	_____	_____
	Repair/Alter	_____	_____	_____
Permits to Discharge:	New System	_____	_____	_____
	Repair/Alter	_____	_____	_____

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.*

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 _____ Public Water Supply _____

WASTEWATER ROUTING

One Tank/One System _____ Two or More Tanks/One System _____
 Are there separate gray and black water systems? _____
 Does more than one sewer line leave the foundation? _____ (indicating possible two separate systems)
 Is there an in-home ejector pump? _____
 Is a water treatment system utilized? _____
 *If yes, does backwash discharge to septic system? _____
 *If yes, recommend alternative _____
 Does kitchen sink have a garbage disposal? _____
 *If yes, recommend cleaning the tank more often _____
 Does basement have a sump pump? _____
 *If yes, where does it discharge? _____
 Does the washing machine discharge to septic tank? _____
 If discharge is to a separate drywell or separate leaching system, is it functional? _____
 *If no, corrective action would be required _____
 Is there any indication that sewage bypasses the septic system? _____

SEPTIC TANK EVALUATION

Type of Septic Tank: Single Compartment _____ Multiple Tanks _____
 Two Compartment _____ Cesspool _____
 Depth of Tank Below Grade _____ Depth to Risers _____
***IF GREATER THAN 12" - A RISER TO WITHIN 12" OF GRADE IS REQUIRED BY PUBLIC HEALTH CODE**
 Tank Construction: Concrete _____ Plastic _____
 Metal _____ Fiberglass _____
 Other _____

Volume of Tank _____ Gallons

Tank Components	Present	Type	CONDITION		
			Good	Operable	Poor
General Tank					
Inlet Baffle					
Outlet Baffle					
Effluent Filter					
Compartment Wall					
Inlet Pipe					

Has there been any indication of previous higher than normal levels of septage in the tank? _____
 Depth to liquid from inside top of tank _____ inches

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Was the tank pumped at the time of the inspection? _____

If pumped, did effluent flow back from the fields during pump out? _____

What was the amount of sold build-up in the tank at the time of inspection:

Excessive _____

Normal _____

Light _____

Is system served by a pump and pump chamber? *no* _____

Is it functional? _____

Is there an alarm? _____

Surface access? _____

DETAILS

LEACHING SYSTEM EVALUATION

Type of System:

Trenches _____

Galleries _____

Infiltrators _____

Drywell _____

Other _____

Leaching area required per present standards (if perc. test info is available) _____ S.F.

Effective leaching area provided (if as-built drawing is available) _____ S.F.

Distance between septic tank/leaching fields and potable water wells _____ FT.

Are there any structures or impermeable surfaces located over or near the leaching area? _____

DESCRIBE

Were one or more of the following signs of system malfunction present? _____

Lush Green Grass Over Parts of System _____

Septic Odors _____

Ponding or Sewage Blowouts _____

Illegal Discharge _____

Does surface water, roof drains, or sump pump runoff drain onto leaching area? _____

Were distribution boxes exposed? _____

Depth to distribution boxes: _____

What was found? _____

Was the leaching system probed? _____

What were the results? _____

Were there any leaching galleries or pits opened to observe present or past effluent levels? _____

What was found? _____

Was a more in-depth investigation of leaching system conducted? _____

What were the results? _____

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Is there an expansion/repair area available?

Likely _____
Not Likely _____
Unknown _____

Were there any conditions observed which might limit a repair (wetlands, ledge outcrops, streams, etc.)?

DIAGRAM OF TANK AND LEACHING SYSTEM LOCATION (ties from permanent structure)

Refer to septic as-built drawing at town hall _____

See attached copy of as-built drawing _____

Chris Morrell

Inspector's Name (printed or typed)

Profession Installer



Inspector's Signature

License No. 006121

This form is a result of a Connecticut Environmental Health Association Committee consisting of members of the State Department of Public Health, Local Sanitarians, Licensed Installers, CT Sewage Disposal Association, CT Association of Realtors, and the Home Inspection Industry.

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