



**GROUND WATER DISCHARGES SECTION
EXISTING ON-SITE WASTEWATER SYSTEM FIELD INSPECTION REPORT**

Inspection Request Received From

Name: _____ Mailing Address: _____
 Telephone #: _____ City, State, Zip: _____

Owner (if different)

Name: _____ Mailing Address: _____
 Telephone #: _____ City, State, Zip: _____

Property

****ZONING CERTIFICATE MANDATORY****

Tax Map #: _____ Type of Structure: Single Family Dwelling
 Subdivision (if appl): _____ Multi-Family
 City, State, Zip: _____ Community/Large
 Physical Address: _____ Commercial

Age of Structure: _____ # of Bedrooms: _____ # of Residents: _____

Occupied: Yes No Length of Vacancy: _____ Weeks _____ Months N/A if occupied

Permit / System

Permit Available: Yes No Permit #: _____

Age of System: _____

System Type: Full Depth Gravity Full Depth LPP Elevated Sand Mound
 Capping Fill Gravity Capping Fill LPP Micro Drip Irrigation
 Full Depth Pressure Dosed Alternative System* Seepage Pit
 Capping Fill Pressure Dosed Wisconsin at Grade Cesspool

* All Innovative/Alternative systems including Advanced Treatment Unit's (ATU's) and alternative drainfield systems may only be inspected by a Class H licensee that has been certified through DNREC approved training for that ATU or alternative drainfield system. Proof of certification must be submitted to DNREC. A Class H license alone is not adequate enough for this task.

General Information

Pump Out

Date of Last Pump Out: _____
 Pumping Frequency: _____

Repairs

Repairs made to system? Yes No
 Was repair permit issued? Yes No
 Details _____

Name of System Maintainer

Water Service

Central Water On-Site Well

Is this a second opinion inspection? Yes No
 Is there a water treatment system discharging into the systems? Yes No
 Does grey water discharges somewhere other than the septic system? Yes No
 If yes, location _____

Information Verification

I attest this information I have provided is true and accurate to the best of my knowledge

Owner's/Requestor's Signature _____

Date _____



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Distribution System

	S	SWC	U		S	SWC	U
Distribution Box (if Existing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liquid Level (D-Box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversion Box (if Existing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liquid Level (Div-Box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Top/Lid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baffles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

S = Satisfactory, SWC = Satisfactory With Concerns, U = Unsatisfactory

Distribution Box level, allowing equal distribution?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Is effluent above the lateral inverts in the distribution box?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Does effluent from the absorption facility run back to the D-Box?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Is there evidence of effluent surfacing above the D-Box?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A

Distribution Box Capacity (gal) * _____
 Material ** _____
 Dimensions _____ x _____ x _____

* Round: $D'' \times D'' / 292.5 \times H''$ Rectangular: $L'' \times W'' / 231 \times H''$

** Specify Concrete, Metal, Other

Holding / Dosing Tank / Lift Station

Holding Tank
 Lift Station
 Dosing Tank
 Gallons: _____
 Material: _____
 Dimensions: _____ x _____ x _____

Effluent measurement before activating pump _____"
 Effluent measurement after activating pump _____"

	S	SWC	U		S	SWC	U
Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Top/Lids/Risers (if appl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Timer <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pump/Siphon Operat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check Valve & Weep Hole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pump Elev. Off Tank Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vent Pipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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Accumulated solids found in pump tank?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is alarm on separate circuit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Infiltration of surface waters?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No



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Scale Drawing of On-Site Wastewater Treatment & Disposal System Location or Attach Existing Permitted Plot Drawing

Scale

1"= _____'

North

- A site drawing to scale, straight edge must be used (no free-hand lines), must show a reference point such as a numbered utility pole, telephone or electrical box, building(s), property corners or fixed survey markers, or GPS coordinates. A minimum of two (2) such reference points should be noted on the site sketch. Site sketch(es) shall be based on a whole number scale not to exceed 1 inch equals 100 feet. Acceptable scales are: 1 inch = 10, 20, 30, 40, 50, 60, or 100 feet.
- A north directional arrow.
- Indicate location of central water line or onsite well. All onsite wells must be measured from two (2) reference points or established survey control.
- Identify each wastewater treatment and disposal system component.
- Mark distances from fixed reference points (i.e. property corners, existing dwelling, etc.) or established survey control points for each wastewater treatment and disposal system component.
- Should an existing approved permit drawing be available the drawing may be used, but the inspector must either note on the drawing that "no changes were found" or clearly mark all the changes on the permit drawing.



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