

INSPECTION DATE: _____

APN _____

CITY of TRINIDAD SEPTIC SYSTEM INSPECTION REPORT

Name _____ Location Address _____

Mailing Address _____

Owner _____, Renter _____, Seasonal _____, Vacant _____, Other - _____

System Type _____ Capacity _____

Last Inspection Date _____ Inspection Type: Escrow, Repair, Routine, _____

Bedrooms _____, # Dwellings _____, Business? _____

Tank Age _____ Leachfield Age _____ New Repairs _____

SEPTIC TANK

If at Grade, covers secure? **Y / N**, Can surface water enter into tank? **Y / N** Condition of lid? _____

Depth to Tank: _____

Risers in. place? **Y / N** Riser Condition (**Ok or Unsat**; Describe _____)

Effluent filter? **Y / N** Condition? _____, Flushed? _____

Tank compartment (cracks, infiltration, deterioration, damage?) 1st? _____, 2nd? _____

Tank Construction _____ Tank Volume _____

Inlet Tee (Okay, Eroded, Clogged, Root bound) _____ Outlet Tee _____

Scum level at Surface / Bottom of tank _____ / _____

Sludge level at Surface / Bottom of tank _____ / _____

Structural cond. (**Ok or Unsat**; Describe _____)

Liquid level (Normal, Above Outlet, Below Outlet) _____

_____ If applicable, pump out primary treatment tank, Listen/observe for backflow from outlet pipe. Comments _____

Pumping required? _____

Indicators of previous failure? **Y / N**, _____

LEACHFIELD OBSERVATIONS

Location: _____

System Type: (Conventional, Pressure, Mound, Other: _____)

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Distrib. Valve: Y / N, TURNED? Y / N Field in use A _____ B _____

Evidence of past failure? Y / N, Lush vegetation? Y / N, Surface Effluent? Y / N, Odors? ? Y / N,

Saturation? Y / N, Downslope Seepage? ? Y / N, Other _____

Greywater Bypass Y / N Plumbing Problem Y / N

Drainage Problem(s)? Y / N _____

Erosion Problem(s)? Y / N _____

Seepage Pit? Y / N Estimated depth to GW _____ GW flow direction _____

PUMP SYSTEM

Installed? _____ Dose Counter?/Condition _____ / _____ #

Risers in place? _____ Riser Condition (OK, Unsat) _____

Controls (OK, Unsat) _____ Control Box Location (OK, Unsat) _____

Valves/Plumbing (OK, Unsat) _____ Alarm (OK, Unsat) _____

Operation (OK, Unsat) _____ Basin Integrity (OK, Unsat) _____

Electrical (OK, Unsat) _____ GW Infiltration? _____

Discharge Line (OK, Unsat) _____ Sludge/Debris (OK, Unsat) _____

Pump Run Time: _____ sec Ok? _____ (Yes/No)

HYDRAULIC LOAD TEST

Start Fill _____ End Fill _____ End Drain _____

Depth to water _____

Water Volume Added Gallons _____

Water Level Rise Inches _____

Water Level Drop Inches _____

Elapsed Time Minutes _____

Leachfield Rating ACCEPTABLE _____ UNACCEPTABLE _____

REPAIR NOTES

INSPECTION DATE: _____

APN _____

Inspected By: _____

INSPECTOR COMMENTS

INSPECTION NOTES TO HOMEOWNER

Map available? YES / NO If not sketch below.