



Cayuga County Health Department Wastewater Treatment System Inspection Form

Inspection Type
Routine
Property Transfer
Refinance
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: _____ Prior Owner: _____
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 (must be occupied 15 or more consecutive days)? 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, describe in the comments section.

25. Was the plumbing inspected to verify wastewater discharge? yes no; if no, describe in the comments section.

26. Evidence of system problems:

Odors yes no Lush/changes in vegetation yes no sewage backup in house yes no
Saturated soils yes no Stormwater ponding yes 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. Owasco Lake (MHWL), other lakes, streams, spring, pond, etc. _____
- b. Nearest well-including those on adjacent property _____
- c. Nearest property line _____ d. Nearest dwelling _____
- e. Elevation of Owasco Lake on the day of inspection _____ (feet)

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:

- a. toilet yes no
- b. bathtub/shower yes no
- c. bathroom sink yes no
- d. kitchen sink yes no
- e. washing machine/utility sink yes no
- f. other _____

31. Where was the dye introduced:

- a. toilet yes no
- b. bathtub/shower yes no
- c. bathroom sink yes no
- d. kitchen sink yes no
- e. washing machine/utility sink yes no
- 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 or Refinance Inspection (dwelling occupied for at least 15 consecutive days prior to test):

55 gallons per bedroom; **110 gallons minimum**

Flow rate _____ start time _____ stop time _____ total time _____ total volume _____ gals

c. Property Transfer or Refinance Inspection (dwelling unoccupied):

110 gallons per bedroom per day for 3 consecutive days

Day 1: flow rate _____ start time _____ stop time _____ total time _____ volume _____ gals

Day 2: flow rate _____ start time _____ stop time _____ total time _____ volume _____ gals

Day 3: flow rate _____ start time _____ stop time _____ total time _____ volume _____ gals

Total volume _____ gals

d. Holding tanks N/A

Volume of water added _____ gals

Tank level (distance from top) prior to adding water _____

Tank level (distance from top) after adding water _____

Tank level (distance from top) on re-visit _____

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: yes no Describe location: _____

36. Does system pass inspection? yes no

General Comments and/or Problems: _____

Inspector's Verification of Inspection

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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 Cayuga County warranty operation of the wastewater treatment system described in this inspection report. This report must be submitted to the Cayuga County Health Department within 30 business days of the inspection. The inspector is required to notify the Cayuga County Health Department of a failed system within one business day of the inspection. For quality control purposes the Cayuga County Health Department may visit the site for verification of statements.

