Cayuga County Health Department
Wastewater Treatment System Inspection Form
Pass: Yes___ No___

OWNER INTERVIEW

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):_________
   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: __________________

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 to system:
   a. Owasco Lake or Little Sodus Bay (MHWM), other lakes, streams, spring, pond, etc.________________
   b. Nearest well-including those on adjacent property________________
   c. Nearest property line________________
   d. Nearest dwelling __________________
   e. Elevation of Lake or Bay (Owasco Lake, Little Sodus Bay, Cross Lake, etc.) at 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:  31. Where was the dye introduced:
   a. toilet  [ ] yes  [ ] no  a. toilet  [ ] yes  [ ] no
   b. bathtub/shower  [ ] yes  [ ] no  b. bathtub/shower  [ ] yes  [ ] no
   c. bathroom sink  [ ] yes  [ ] no  c. bathroom sink  [ ] yes  [ ] no
   d. kitchen sink  [ ] yes  [ ] no  d. kitchen sink  [ ] yes  [ ] no
   e. washing machine/utility sink  [ ] yes  [ ] no  e. washing machine/utility sink  [ ] yes  [ ] 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 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

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d. Holding tanks  [ ] N/A
   Is property currently inhabited?  [ ] Yes [ ] No
   Volume of water added _______________ gals
   Tank level prior to adding water __________________________________________________________
   Tank level after adding water ____________________________________________________________
   Tank level 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:____________________________________________  Date:__________________________
(please sign)

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.
System site sketch

Owner: ________________________________

911 Address: __________________________

Date(s) of Inspection: __________________

Indicate Direction