



# 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 or Little Sodus Bay (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 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:**  
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

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: \_\_\_\_\_  
(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.*

