



Cayuga County Health & Human Services

Environmental Division

Wastewater Treatment System

Inspection Form

Inspection Type
 Routine
 Property Transfer
 Refinance
 Date(s) of inspection
 (include all dates)

I. GENERAL INFORMATION

A. Property and System Information

1. Tax Map #: _____ Town/ Village: _____
2. Owner: _____
3. Property 911 Address: _____
4. Owner's Mailing Address: _____ Zip Code: _____
5. Telephone: Home: _____ Work: _____ Property: _____
6. Prior Owner: _____
7. Select one that best describes location of wastewater treatment system:
 Borders MHW of Owasco Lake or Little Sodus Bay.
 Does not border Owasco Lake or Little Sodus Bay but is within 500 ft. of MHW of Lake or Bay.
 System located in Owasco Lake or Little Sodus Bay Watershed.
 None of the above mentioned.
8. Property Use: Residence Multiple Residence Vacant Commercial: Type _____
 Other - describe: _____

B. System Information (Mark all that apply)

9. Type of Wastewater Treatment System:
 Septic Tank with Absorption Trenches Septic Tank with Absorption Bed Septic Tank with Seepage Pit (dry well)
 Septic Tank with Sand Filter (discharges to surface? yes no) Seepage Pit (dry well) without Septic Tank Holding Tank
 Privy Commercial System Composting Toilet Unknown
10. Septic/Holding tank size _____ (gallons) Date last pumped _____ By whom _____
11. Is septic tank an aerobic tank? ____ yes ____ no
12. Absorption Field:
 Number of laterals _____ Length of each lateral _____
 Total lateral length _____ Overall absorption bed dimensions _____
13. Seepage pits (dry wells): Number _____ Size of each _____
14. Pump yes no; Dosing siphon yes no
 Is pump or dosing siphon equipped with an alarm? yes no
 Storage Capacity per pump cycle _____ (gallons)

II. OWNER INTERVIEW

A. History (Show Certification I.D. card to owner and inform owner that signature will be required)

15. Date of septic system construction:_____ Year house was built:_____

16. Date of any modifications to septic system_____ Describe _____

17. Is the property used seasonally? yes no

18. Is the property currently occupied (must be occupied 15 or more consecutive days)? yes no

19. How long has the property been currently occupied?_____ (days/months/years)

20. Describe periods of maximum occupancy:_____

21. Average number of persons using the property_____

22. Number of:

a. Bedrooms (total # for multiple homes)_____ Bathrooms_____

b. Toilets_____ Type: Old Standard New Standard Water Saving

c. Sinks_____ Faucet Type: Old Standard New Standard Water Saving

d. Showers/Tubs_____ Faucet Type: Old Standard New Standard Water Saving

e. Dishwashers_____ Garbage Disposal_____ Washing Machines_____

f. Water Softener/Treatment Equipment yes no Backwash Discharges into Septic System yes no

23. Has the septic system had any problems?

a. Odors yes no

b. Slow draining plumbing yes no

c. Wastewater backing up into building yes no

d. Surfacing of wastewater yes no

e. Other, such as seasonal yes no

f. Describe any problems:_____

24. If system has an aerobic tank, when was tank last serviced _____(date) _____(by whom) N/A

25. Is holding tank equipped with alarm or other device to detect leakage or overflow? yes no N/A

26. Does system owner maintain log of holding tank or septic tank pump-out? yes no N/A

27. Was log of holding tank or septic tank pump outs reviewed by inspector? yes no N/A

28. If system has holding tank, how often is the tank pumped out? (eg. weekly, monthly, etc.)?_____ N/A

29. 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:

30. Are there any drainage pipes or storm drains on the property? yes no; Are they private? yes no
(Location of drainage pipes must be shown on the sketch)

31. What is your water supply; Public Lake Dug Well Drilled Well Creek Other _____
Is there enough water to complete the inspection? yes no

B. Owner Verification of Interview

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 in this interview is correct.

Signature of Owner/Agent:_____ Date:_____

(must be an adult)

Agents title_____

III. SITE INSPECTION

A. Review of System Plans

32. Did inspector review construction or modification plans of system on file with the Health Department prior to beginning the inspection? yes N/A - no plans are available

B. Interior Plumbing

33. Does all wastewater discharge to only one septic system? yes no

C. Wastewater Treatment System

Provide comments and system/site sketch as described in the protocol.
Use the designated "General Comments" page and "System Site Plan Sketch" attached to this form.

D. General Information (enter the following information based on the inspection)

34. Evidence of system problems:
- a. Odors yes no
 - b. Saturated soils yes no
 - c. Lush vegetation yes no
 - d. Changes in vegetation yes no
 - e. Other yes no

Describe: _____

35. Were all drainage pipes inspected for evidence of dye or wastewater discharge? yes no N/A

36. Evidence of wastewater discharge to water course or ground surface: yes no

Describe: _____

37. Evidence of storm water ponding on system: yes no

Describe: _____

38. Evidence of storm water discharge to system: yes no

Describe: _____

39. Shortest distance (in feet) from absorption area of system to:

- a. Owasco Lake or Little Sodus Bay (MHWM), other lakes, streams, spring, pond, etc. _____
- b. Nearest property line _____
- c. Nearest well-including those on adjacent property _____
- d. Nearest dwelling _____
- e. Elevation of Lake or Bay (i.e. Owasco Lake, Little Sodus Bay, Cross Lake, etc.) at the day of inspection _____ (feet)
- f. Other pertinent features _____

40. If the system has a pump: N/A
- a. Does the pump appear to operate properly? yes no
 - b. Does the pump basin have any visible overflows? yes no

E. Dye Testing (inform owner regarding the quantity of water to be used)

41. 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 _____

42. 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 _____

43. 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 gal/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):

75 gal/bedroom; **150 gallons minimum**

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

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

150 gal/bedroom x 3 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)

44. Evidence of dye: yes no Describe location: _____

45. Date of re-visit: _____ (**You must re-visit if a holding tank**)

46. Evidence of dye: yes no Describe location: _____

47. Does system pass inspection? yes no

F. Drainage Pipe Discharge Sampling N/A (Check this box only if property does not border Owasco Lake or Little Sodus Bay.

Otherwise this section must be completed)

48. Was there a discharge from pipe during inspection? ___yes ___no (If yes, a sample must be collected, attach lab report.)

49. Describe location and diameter of drainage pipe(s) sampled: _____

(Location of drainage pipes must be shown on the sketch)

IV. INSPECTOR INFORMATION TOWN _____ 911 ADDRESS _____

A. General Comments and /or Problems: _____

B. Differences Between Information From Owner Interview, Health Department Construction Records, and Site Inspection.

Findings _____

C. 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. 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.