



Seneca County Health Department Wastewater Treatment System Inspection Form

Inspection Type

Routine

Property Transfer

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: \_\_\_\_\_
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. Date of original septic system construction: \_\_\_\_\_
9. Date of any modifications to septic system \_\_\_\_\_ Describe \_\_\_\_\_
10. Is the property used seasonally? [ ] yes [ ] no
11. Is the property currently occupied? (15 or more consecutive days) [ ] yes [ ] no
12. How long has the property been currently occupied? \_\_\_\_\_ (days/months/years)
13. Number of Bedrooms (total # for multiple homes): \_\_\_\_\_
14. Garbage Disposal? [ ] yes [ ] no Washing Machine? [ ] yes [ ] no
Water Softener? [ ] yes [ ] no; Does Backwash Discharge to Septic System? [ ] yes [ ] no
15. Has the septic system had any problems? (such as slow draining plumbing, odors, back-ups, etc) [ ] yes [ ] no
Describe: \_\_\_\_\_
16. 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

- 17. Is holding tank equipped with alarm or other device to detect leakage or overflow? [ ] yes [ ] no
18. 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**

- 19. Does all wastewater discharge to only one septic system?  yes  no; if no, must describe in the comments section.
- 20. Was the plumbing inspected to verify wastewater discharge?  yes  no; if no, must describe in the comments section.
- 21. 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
- 22. Were drainage pipes or catch basins observed? yes  no Inspected for dye and/or wastewater discharge? yes  no  N/A  
 (Location of drainage pipes/catch basins must be shown on the sketch)
- 23. Shortest distance (in feet) from absorption area of system to:  
 a. Cayuga Lake, Seneca Lake, the Seneca-Cayuga Canal, other lakes, streams, spring, pond, etc. \_\_\_\_\_  
 b. Nearest well-including those on adjacent property \_\_\_\_\_  
 c. Nearest dwelling \_\_\_\_\_
- 24. If the system has a pump, does it appear to operate properly?  yes  no  N/A    Equipped with alarm?  yes  no

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

- 25. **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 \_\_\_\_\_
- 26. **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 \_\_\_\_\_

27. 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 Inspection (dwelling occupied):  
 55 gallons per bedroom; **110 gallons minimum**  
 Flow rate \_\_\_\_\_ start time \_\_\_\_\_ stop time \_\_\_\_\_ total time \_\_\_\_\_ total volume \_\_\_\_\_ gals
- c. Property Transfer Inspection (dwelling unoccupied): \_\_\_\_\_  
**110 gallons per bedroom**  
 Day 1: flow rate \_\_\_\_\_ start time \_\_\_\_\_ stop time \_\_\_\_\_ total time \_\_\_\_\_ volume \_\_\_\_\_ gals

d. Holding tanks  N/A

Did wastewater/dye enter tank?  Yes  No

Any evidence of leakage from tank?  Yes  No

Any obvious indication of discharge pipes from the tank?  Yes  No

28. Evidence of dye or wastewater discharge:  yes  no Describe location: \_\_\_\_\_

29. Date of re-visit: \_\_\_\_\_ (You must re-visit if a holding tank)

30. Evidence of dye or wastewater discharge during re-visit:  yes  no  N/A Describe location: \_\_\_\_\_

31. Does system pass inspection?  yes  no

**General Comments and/or Problems:** \_\_\_\_\_

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**Inspector’s Verification of Inspection**

*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).*

**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 Seneca County warranty operation of the wastewater treatment system described in this inspection report. This report must be submitted to the Seneca County Health Department within 30 business days of the inspection. The inspector is required to notify the Seneca County Health Department of a failed system within 3 business days of the inspection and submit the inspection report within 3 business days. For quality control purposes the Seneca County Health Department may visit the site for verification of statements.*

