

TRANSFER OF TITLE INSPECTION REPORT for On-Site Wastewater Treatment Systems

Please email completed inspection report with transfer of title application and receipt of paid application fee to eh@sjbpublichealth.org, or mail or hand deliver to address listed above. (Email preferred)

PROPERTY INFORMATION

Property Owner _____ Email Address _____

Property Address _____

County _____ Lot Size (acres): _____ Property Owner Phone #: _____

Is the dwelling vacant? Y / N If yes, for how long? _____

Total # of dwellings and/or structures served by this OWTS? _____

Of Bedrooms Dwelling # 1: _____ # Of Bedrooms Dwelling # 2: _____ # Of Bedrooms Dwelling # 3: _____

Commercial Uses? Y / N (# of employees/users) _____ Square feet of commercial use _____

Water Supply (well/cistern/central): _____

All Associated OWTS Permit #s (ex. 1979-163): _____

Final Signature on Permit? Y / N

INSPECTOR INFORMATION (Must have a current NAWT Certification)

Name of Inspector _____ NAWT Certification # _____

Mailing Address _____ Certification Expiration Date _____

Email Address _____ Phone # _____

GENERAL INFORMATION

List any known repairs to system: _____

Is there a maintenance service contract for this OWTS? Y / N Date last maintained? _____

Graywater or discharges from structures not connected to OWTS? ___ YES ___ NO

SYSTEM COMPONENTS

TWO-WAY CLEAN-OUT between the dwelling and septic tank? Y / N Distance from dwelling? _____ ft

SEPTIC TANK INFORMATION - # of tanks in this system? _____

Is a grease interceptor part of this OWTS design? Y / N Is a grease interceptor present? Y / N

Septic Tank 1: Material: _____ # of Compartments: _____ Capacity (gals): _____ Age(yrs.): _____

Water-Tight Risers w/ Lid to Grade? Y / N Effluent Filter Present? Y / N

Effluent Level in Tank: Full (*fluid at bottom of discharge pipe*) / Low (*fluid below discharge pipe*) / Empty

Tank Serviced Within Last 4 Years? (pumped): Y / N Date of Last Known Service: _____

Is tank condition acceptable (water-tight/structurally sound)? Y / N

Describe unacceptable conditions: _____

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Septic Tank 2: Material: _____ # of Compartments: ____ Capacity (gals): ____ Age(yrs.): ____
Water-Tight Risers w/ Lid to Grade? Y / N Effluent Filter Present? Y / N
Effluent Level in Tank: Full (*fluid at bottom of discharge pipe*) / Low (*fluid below discharge pipe*) / Empty
Tank Serviced Within Last 4 Years? (pumped): Y / N Date of Last Known Service: _____
Is tank condition acceptable (water-tight/structurally sound)? Y / N

Describe unacceptable conditions: _____

Septic Tank 3: Material: _____ # of Compartments: ____ Capacity (gals): ____ Age(yrs.): ____
Water-Tight Risers w/ Lid to Grade? Y / N Effluent Filter Present? Y / N
Effluent Level in Tank: Full (*fluid at bottom of discharge pipe*) / Low (*fluid below discharge pipe*) / Empty
Tank Serviced Within Last 4 Years? (pumped): Y / N Date of Last Known Service: _____
Is tank condition acceptable (water-tight/structurally sound)? Y / N

Describe unacceptable conditions: _____

AERATION: Y / N - Located in Tank # (1,2,3): _____ Aeration Tank Chamber Location (1,2,3): _____
Type (jet/home): _____ Functioning: ___YES/Acceptable ___NO/Unacceptable

NOTE: DO NOT replace a failed aerator or install a new one without a minor repair permit from SJBPH
Electrical connections can be restored if needed without a repair permit

SIPHON SYSTEM: Y / N - Located in Tank # (1,2,3): _____ Siphon Tank Chamber Location (1,2,3): _____
Does the siphon work? ___YES - Acceptable ___NO - Unacceptable
Is there a dosing counter? Y / N Is counter operational? Y / N / NA

NOTE: DO NOT replace a failed siphon without a repair permit from SJBPH

PUMP SYSTEM: Y / N Tank # (1,2,3): _____ Tank Chamber Location (1,2,3): _____
Does the pump work as designed? _____ YES/Acceptable _____ NO/Unacceptable

NOTE: DO NOT replace a failed pump without a minor repair permit from SJBPH

Is there a check valve or weep hole present? _____ YES _____ NO
Is there a high-water alarm on a separate circuit? _____ YES _____ NO
Does the alarm work? _____ YES/Acceptable _____ NO/Unacceptable
Type of alarm: _____ Audio _____ Visual _____ Both
Electrical connections outside of wet well? _____ YES _____ NO

DISTRIBUTION BOXES (D-Box): # of D-boxes in system? _____ All D-Boxes Accessible from Grade: Y / N
D-Boxes level and distributing effluent evenly? Y / N (*if no then must be corrected. Replacing/remounting a distribution box requires a minor repair permit. Adjusting speed levelers does not require a permit.*)

FUNCTIONAL/OPERATING TEST (Run 150-250 gallons of water through system)

Operating test performed? Y / N Gallons of water run through OWTS? _____
Does water run through the inlet line flow into the tank? _____ YES/Acceptable _____ NO/Unacceptable
Does water flow back into the tank from the outlet? _____ NO/Acceptable _____ YES/Unacceptable
Comments: _____

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ADVANCE TREATMENT SYSTEM/HIGHER TREATMENT LEVEL: Y / N

Please describe type of advanced treatment: _____

Maintenance agreement current and on file with SJBPH? Y / N (*agreement on file required to be acceptable*)

SOIL TREATMENT AREA (STA)

Of Trenches _____ Dimensions _____ = Total Area (ft²) _____

Of Beds _____ Dimensions _____ = Total Area (ft²) _____

Check inspection ports water level: _____ Completed _____ Not Completed _____ N/A

Is effluent level in inspection ports evenly distributed? _____ YES _____ NO

Is there serious erosion, compaction, or surface collapse? _____ NO _____ YES

Is there indication of previous failure? _____ NO _____ YES

Is seepage visible on the surface of the STA? _____ **NO/Acceptable** _____ **YES/Unacceptable**

Is seepage visible down-slope from the STA? _____ **NO/Acceptable** _____ **YES/Unacceptable**

Is there snow cover or irrigation present? _____ NO _____ YES

Comments: _____

LAGOON: Depth (ft): _____ Lagoon Dimensions(diameter ft): _____ Lined: Y / N

Effluent level to the top of the berm (freeboard): _____ **1-2+ FT/Acceptable** _____ **<1 FT/Unacceptable**

Is seepage visible on the outside of the berm? _____ **NO/Acceptable** _____ **YES/Unacceptable**

What is the condition of the berm? _____ **Acceptable** _____ **Unacceptable**

Is there excessive aquatic plant growth in the lagoon? _____ NO _____ YES

Is the lagoon fenced properly, surrounding lagoon, minimum 3' high, vertical posts minimum every 10'?
 _____ **YES/Acceptable** _____ **NO/Unacceptable**

Comments: _____

INSPECTION SUMMARY (please check one only)

_____ ACCEPTABLE (no repairs required; no corrections made)

_____ ACCEPTABLE (corrections made during inspection)

Please describe corrections made: _____

_____ UNACCEPTABLE (repairs required)

Please describe repairs required: _____

_____ UNACCEPTABLE (system failure; replacement required)

Please describe failure and corrections required: _____

ATTESTATION

By signing this form, I hereby verify that I am a currently certified NAWT Inspector who personally conducted and assessed the inspection of this OWTS on the date reported.

Inspector Name _____ **Signature** _____ **Date** _____

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RECORD DRAWING

If a comprehensive site plan does not already exist on file for the OWTS represented in this report which must include all the details required and listed below, then inspector must provide a detailed record drawing/site plan. The site plan must include **ALL** the details listed below to be acceptable for submission. Please check off items as they are included in your site representation. Write N/A if not applicable to this project.

(Submissions with insufficient information will be returned to inspector and/or property owner)

- Site Orientation (i.e., North Arrow)
- Distances between structures
- Location of cistern and or well
- Setbacks to water distribution lines
- Distance to any neighboring wells, cisterns, streams, or water lines of setback concern
- List all structures with designating labels
- Locations of clean-outs
- Draw in water service lines
- Distance from well/cistern to septic tank
- Location of tanks
- Location of STA(s)/Lagoon(s)
- Any other relevant setback(s)
- Property lines

