

EXISTING POWTS EVALUATION -

I. SITE INFORMATION

A. Property Owner:

Name: _____

Mailing Address: _____

Phone: _____

B. POWTS Location:

Mailing Address: _____

Tax Parcel ID: _____

Legal Description: _____ 1/4 1/4 Sec T N R E _____

Township: _____

County: _____

II. STRUCTURE SERVED BY POWTS

A. Type & Use:

Residential: YES NO

Number of Bedrooms: _____
Design Wastewater Flow: _____ gpd

Commercial: YES NO
Business Type: _____

Design Wastewater Flow: _____

B. Comments:

III. CONSTRUCTION MAINTENANCE HISTORY

A. Date of Construction:

B. Sanitary Permit No.:

C. Repair / Modification Permits:

D. Tank Last Pumped:

E. Inspection, Servicing or Maintenance Agreements:

F. Additional Information:

IV. DAY OF INSPECTION

A. Date of Field Work: _____

B. Weather Conditions: _____

C. Occupancy:

Occupied: YES NO
 Occupants Home at Time of Inspection: YES NO

V. INTERVIEW INFORMATION

A. Interview Conducted: YES NO

B. Person(s) Interviewed:

Name(s): _____
 Relationship to Site: OWNER RENTER REALTOR
 OTHER (explain): _____

C. General System Information:

- 1. Are you the original owner of the system? YES NO
- 2. Is occupancy year round, seasonal or sporadic? _____
- 3. Current number of occupants? _____
- 4. Parcel size and property line location? _____
- 5. What are the system components? _____

Are they all located on the property? YES NO
 Are there easements for those that are not? YES NO N/A

- 6. What is the normal tank pumping schedule? _____
- 7. When was the tank last pumped? _____
- 8. Have there been any problems or repairs? (describe) YES NO
- 9. Does all sewage flow into the septic tank? YES NO
- 10. Where does the graywater discharge go? _____
- 11. Are you aware of any leaking fixtures? YES NO
- 12. Where do the following discharges go?

water conditioner: _____
 furnace: _____
 sump pit: _____

13. Do you have a water meter? YES NO

D. Fixtures & Appliances:

Ejector Pit: YES NO
 Garbage Disposal: YES NO
 Water Conditioner: YES NO TIMED or DEMAND
 Whirlpool or Oversize Tub: YES NO
 Hot Tub: YES NO
 Clothes Washer: Top Load Front Load n/a
 Low Flow Shower Heads: YES NO
 Low Flow Flush Toilets: YES NO
 Compositing Toilets: YES NO

E. Buried Utilities:

Are there any buried private utilities in the evaluation area?

YES

NO

*If yes, owner to locate and mark them prior to evaluation.

E. Interviewee Comments:

F. The information provided in Section V. is accurate to the best of my knowledge.

Signature _____ Date _____

G. The above information was verbally communicated to me, however, the interviewee has declined to sign this section.

Inspector Initials _____ Date _____

VI. SEPTIC TANK

***Tank to be inspected prior to pumping.

A. Capacity: _____ gallons

B. Tankage Description: _____

C. Construction Material: _____

D. Manhole Risers & Covers:

Located & Opened: YES NO
Manhole Location(s): Over Inlet Baffle _____ Center _____ Over Outlet _____
Depth Above or Below Grade: _____
Locking Devices Present: YES NO
Warning Label Present: YES NO
Appear to be Watertight: YES NO
Root Infiltration: YES NO
Structurally Sound: YES NO
Covers replaced & secured _____ (initial here)

E. Overall Tank Condition: POOR FAIR GOOD
Appears to be Watertight: YES NO
Root Infiltration: YES NO

F. Inlet:

Water Flow Not Caused by Fixture Use: DRIP STEADY FLOW NONE
Baffle Material: _____
Baffle Condition: MISSING POOR GOOD

G. Outlet:

Component:	BAFFLE	FILTER		
Baffle Material:	_____			
Baffle Condition:	MISSING	POOR	GOOD	
Filter Make & Model:	_____			
Filter Condition:	POOR	GOOD	CLEAN	DIRTY
Filter Cleaned During Inspection:	YES	NO		

H. Liquid Level:

Liquid Level:	NORMAL	HIGH	LOW
Liquid Depth:	_____		
Scum Depth:	_____		
Tank More Than 1/3 Solids:	YES	NO	
Tank Pumped for Evaluation:	YES	NO	
Tank Pumping Recommended:	YES	NO	

I. Conditions During Pumping:

Condition Below Water Line:	POOR	FAIR	GOOD	
Flowback:	YES	NO	IF YES:	Little flowback: _____
			Steady & Substantial:	_____

J. Setbacks:

Separation Distance from:
 Well(s): _____
 Structures: _____
 Property Lines: _____
 Other: _____

K. Location:

Area Subject to Receiving Runoff:	YES	NO
Tank is located in or under a structure:	YES	NO

L. Comments:

VII. DOSE TANK

A. Capacity: _____ gallons

B. Construction Material: _____

C. Manhole Risers & Covers:

Riser 4" Above Surrounding Grade:	YES	NO
Locking Devices Present:	YES	NO
Warning Label Present:	YES	NO
Appear to be Watertight:	YES	NO
Root Infiltration:	YES	NO
Access to pump adequate:	YES	NO

Covers replaced & secured: _____ (initial here)

D. Overall Tank Condition: POOR FAIR GOOD

Appears to be Watertight: YES NO _____

Root Infiltration: YES NO _____

E. Vent:

Tank is Vented: YES NO _____

Approved Vent Cap: YES NO _____

F. Setbacks:

Separation Distance from:

Well(s): _____

Structures: _____

Property Lines: _____

Other: _____

G. Liquid Quality:

CLEAR CLOUDY THICK
FLOATERS SCUM SLUDGE

H. Alarm:

Operational: YES NO

I. Pump Controls:

Operational: YES NO

J. Pump:

Operational: YES NO

K. Siphon:

Siphon Present: YES NO

Trickling: YES NO

Water Level: AT BELL BELOW BELL

L. Location in Landscape:

Area Subject to Receiving Runoff: YES NO

M. Electrical Connections:

Location: INSIDE OUTSIDE of manhole riser

Weatherproof Junction Box: YES NO

Box Contains Water: YES NO

Box Contains Soil: YES NO

Condition of Connections: CORRODED GOOD

***** The electrical connections have not been inspected for electrical code compliance. Only general condition is noted.**

N. Comments:

VIII. SOIL ABSORPTION AREA

A. Type:

IN-GROUND _____
IN-GROUND PRESSURE _____
AT-GRADE _____
MOUND _____

B. Distribution:

GRAVITY DOSED PRESSURE

C. Configuration:

TRENCH BED

D. Dimensions:

Length: _____ feet/cell
Width: _____ feet/cell
Number of Cells: _____
Total Absorption Area: _____

E. Depth:

Grade to Top of Unit: _____ inches _____ inches
Grade to Infiltrative Surface: _____ inches _____ inches
Where Measured: _____

F. Material of Construction:

GRAVEL GRAVELESS
Specify Product: _____

G. Cover Material:

FILTER FABRIC _____
MARSH HAY _____
BUILDING PAPER _____
OTHER _____
NONE _____
UNKNOWN _____

H. Observation Ports:

Present: YES NO
Number: _____
Termination: Top of Unit _____
Distribution Pipe _____
Infiltrative Surface _____
Other _____

I. Effluent Distribution:

Distribution Box: YES NO Drop Box: YES NO
Material: _____ Condition: _____
Access: Above Grade At Grade Below Grade
Condition: _____

J. Setbacks:

Separation Distance from:
Well(s): _____
Structures: _____
Property Lines: _____
Other: _____

B. Backup:

Is there sewage backup into the structure served by the system?	YES	NO
If yes, is the backup due to a blockage prior to the septic tank?	YES	NO
If yes, is the condition downstream of the septic tank?	YES	NO

C. Separation:

Is the vertical separation between the system and redoxomorphic features appropriate?	YES	NO
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D. Comments:

XI. OBSERVATIONS & COMMENTS

XII. RECOMMENDATIONS

XIII. EVALUATOR

Name: _____
 Business: _____
 Address: _____

 Phone: _____

The information contained herein is true and correct to the best of my knowledge as observed on the date of evaluation. All information reported is based on the condition of the system at the time of evaluation. This report shall not be construed as a warranty, either expressed or implied, that the system will function properly for any particular user or for any period of time in the future.

 Signature

 Credential & ID Number

 Date

XIV. ATTACHMENTS

A. Records:

- | | | | |
|-------|--------------------|-------|-----------------------|
| _____ | Sanitary Permit(s) | _____ | Maintenance Record(s) |
| _____ | Approved Plan | _____ | Servicing Contract(s) |
| _____ | Original Soil Test | _____ | Deed Affidavit(s) |
| _____ | Site Diagram | | |

B. Additional Materials Included:

- _____ Operation & Maintenance / User's Manual
- _____ Informational Guides (list):
- _____
- _____
- _____
- _____

XVI. CC:

- _____ Owner
- _____ Buyer
- _____ County
- _____ Realtor
- _____ Lender
- _____ Other
- _____