

# INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Health Department	Name of Establishment	Permit/Project No.
Location	Type of Establishment	Design Flow
Owner/Agent	Address	Phone
Operator	Address	Phone
Remarks		

	Yes	No	REMARKS
<b>1. ESTABLISHMENT:</b>			
Type, size, and sewage flow in accordance with permit? .....	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. COLLECTION SYSTEM:</b>			
No evidence of leaks into or out from sewer lines/manholes? .....	<input type="checkbox"/>	<input type="checkbox"/>	
Free of blockages/solids buildup in lines or manholes? .....	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):</b>			
Tank risers accessible and surface water diverted? .....	<input type="checkbox"/>	<input type="checkbox"/>	
Tanks and access manholes structurally sound, watertight? .....	<input type="checkbox"/>	<input type="checkbox"/>	
Sanitary tee(s) in good working condition? .....	<input type="checkbox"/>	<input type="checkbox"/>	
Tanks pumped, cleaned out as needed? .....	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4. RAW SEWAGE LIFT STATION (if present):</b>			
Required pumps present, operating, and cycling properly? .....	<input type="checkbox"/>	<input type="checkbox"/>	
High-water alarm present and operating properly? .....	<input type="checkbox"/>	<input type="checkbox"/>	
Floats/pipe/valves/disconnects in good working condition? .....	<input type="checkbox"/>	<input type="checkbox"/>	
Control panel enclosure/components in good condition? .....	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5. EFFLUENT DOSING SYSTEM:</b>			
Effluent appears clear, free of excess solids? .....	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PUMP SYSTEMS:</b>			
Required pumps present, operating, and cycling properly? .....	<input type="checkbox"/>	<input type="checkbox"/>	
High-water alarm present and operating properly? .....	<input type="checkbox"/>	<input type="checkbox"/>	
Floats/pipe/valves/disconnects in good working condition? .....	<input type="checkbox"/>	<input type="checkbox"/>	
Control panel enclosure/components in good condition? .....	<input type="checkbox"/>	<input type="checkbox"/>	
Elapsed time readings: _____			
<b>SIPHON SYSTEMS:</b>			
No evidence of overflow or siphon leakage? .....	<input type="checkbox"/>	<input type="checkbox"/>	
Siphon(s) appear to be working/alternating properly? .....	<input type="checkbox"/>	<input type="checkbox"/>	
Bells and vents free of debris and in good condition? .....	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6. GROUND ABSORPTION FIELDS:</b>			
No evidence of effluent surfacing/reaching surface waters? .....	<input type="checkbox"/>	<input type="checkbox"/>	
Minimal ponding in subsurface trenches? .....	<input type="checkbox"/>	<input type="checkbox"/>	
Surface water being effectively diverted away? .....	<input type="checkbox"/>	<input type="checkbox"/>	
Diversions/ditches/swales/tile drains properly maintained? .....	<input type="checkbox"/>	<input type="checkbox"/>	
Line cover/vegetation adequate/maintained as needed? .....	<input type="checkbox"/>	<input type="checkbox"/>	
Protected from traffic, destructive uses? .....	<input type="checkbox"/>	<input type="checkbox"/>	
Distribution devices in good condition, working properly? .....	<input type="checkbox"/>	<input type="checkbox"/>	
Repair area properly reserved, maintained? .....	<input type="checkbox"/>	<input type="checkbox"/>	
<b>LOW-PRESSURE PIPE DRAIN FIELDS:</b>			
Turnups/cleanouts/valves intact and accessible? .....	<input type="checkbox"/>	<input type="checkbox"/>	
No effluent standing in lower laterals? .....	<input type="checkbox"/>	<input type="checkbox"/>	
Laterals free of excess solids, cleaned out as needed? .....	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure head is properly adjusted? .....	<input type="checkbox"/>	<input type="checkbox"/>	

OVERALL CONDITION AND OPERATION OF SYSTEM: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SUMMARY OF IMPROVEMENTS NEEDED:**

Improvement	Repair Within (Days)
_____	_____
_____	_____
_____	_____
_____	_____

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_ AGENT

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement

Repair Within (Days)

Horizontal lines for recording improvement details.

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following violations:

Line for listing violations with a reference to Law or Rule(s).

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:

Line for listing immediate violations with a reference to Law or Rule(s).

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:
1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the Records Disposition Schedule published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)