

WESTTOWN TOWNSHIP
INITIAL ON-LOT SEWAGE DISPOSAL SYSTEM INSPECTION REPORT

Submit Completed Reports by Mail, Email, or Fax To:

Westtown Township
P.O. Box 79
Westtown, PA 19395

Email: SMP@westtown.org
Fax: 610.692.9651
Phone: 610.692.1930

Property Owner Information: Name (print) _____
Signature (required) _____
Telephone Number (required) _____
Email Address (optional) _____

Inspector Information: Name (print) _____
PSMA/NOF Certification No. _____
Company _____
Signature (required) _____

Date Inspection Completed: _____

The results of this inspection are intended solely for Westtown Township's On-Lot Sewage Management Program and are not suitable for any other purpose, including real estate transactions. This inspection does not warranty or guarantee the proper functioning of the on-lot system for any period of time. By signing above, the Property owner and the Inspector each attest that all information provided in this report is true and accurate to the best of his or her knowledge.

SECTION 1. GENERAL INFORMATION AND TYPE OF SEWAGE SYSTEM

A. Address: _____

B. Parcel Identification (UPI No.): 67 - _____ - _____

C. Chester County Health Department Permit? Yes (attach copy) No Unknown
If Yes, Repair or New? Repair New

D. PADEP Permit? Yes (attach copy) No

E. Existing sewage maintenance agreement? Yes (attach copy) No

F. Sewage system constructed prior to May 15, 1972? Yes No Unknown

If unknown, approximate date of construction: _____

G. Property use: Residential Non-residential

H. If Residential, No. of Bedrooms: 1-3 4 5 >5

I. Water Supply: Private Well Public Both

J. Garbage Disposal? Yes No

K. Bull Run Valve? Yes No

WESTTOWN TOWNSHIP ON-LOT SEWAGE SYSTEM INSPECTION REPORT

SECTION 1. GENERAL INFORMATION AND TYPE OF SEWAGE SYSTEM (CONTINUED)

L. TREATMENT TANK(S)

1. Type: Septic Tank Cesspool Aerobic Tank Holding Tank
 Other _____

2. Total capacity: <900 gallons 900-1,249 gallons
 1,250-1,499 gallons 1,500 gallons or more

3. Depth to primary tank access: 1' or less > 1'

M. AUXILIARY TREATMENT UNITS

1. Filtration unit? Yes No

2. If yes: Peat Buried Sand Free Access
 Other _____

3. Disinfection? Yes No

N. Lift/Dosing Tank?: Yes No

O. DISPOSAL AREA

1. Type: Inground Seepage Bed
 Inground Seepage Trenches
 Elevated Sand Mound
 Individual Residential Spray Irrigation System (IRSIS)
 Drip Irrigation
 Other Alternate System – type: _____
 Experimental System – type: _____
 Cesspool or Seepage Pit
 N/A (Holding Tank)

2. Approx. total square footage of absorption area: _____

N/A (No soil absorption area)

SECTION 2. INITIAL INSPECTION INFORMATION

(COMPLETE ALL INFORMATION APPLICABLE TO SEWAGE SYSTEM TYPE IDENTIFIED ABOVE)

A. GENERAL

1. Weather Conditions last 24 hours: Dry Rain Snow

2. Date of last pumping: _____

3. Does greywater discharge to ground surface? Yes No

4. Is the residence/building currently occupied? Yes No

WESTTOWN TOWNSHIP ON-LOT SEWAGE SYSTEM INSPECTION REPORT

SECTION 2. INITIAL INSPECTION INFORMATION (CONTINUED)

B. TREATMENT TANKS AND PUMPING

1. Baffles intact? Inlet: Yes No Outlet: Yes No
 N/A (Cesspool, holding tank, etc.)
2. Effluent filter? Yes No
3. Tank lid structurally sound, with no evident leaks or cracks? Yes No
4. Depth of scum and sludge greater than 1/3 liquid depth of tank? Yes No N/A
5. Surface water (drainage swale, roof drain, sump pump, etc.) directed over tank?
 Yes No
6. Was the liquid depth above the outlet pipe at the time of inspection?
 Yes No

If any components are not visible at the time of inspection resulting from the liquid level being above the outlet pipe, pumping is required in order to complete the initial inspection

7. Was the tank pumped during the inspection? Yes No
8. **If pumped, ATTACH RECEIPT** from Chester County Licensed Liquid Waste Hauler and complete the following:

- a. Absorption area backflow into tank during pumping? Yes No N/A
- b. Tank structurally sound, with no evident leaks or cracks? Yes No N/A
- c. Quantity pumped (gallons): _____
- d. Date of pumping: _____
- e. Chester County Health Department (CCHD) Licensed Liquid Waste Hauler Name (print):

- f. CCHD License No. _____

8. Additional comments: _____

C. AUXILIARY TREATMENT UNITS

If present, comments: _____

WESTTOWN TOWNSHIP ON-LOT SEWAGE SYSTEM INSPECTION REPORT

SECTION 2. INITIAL INSPECTION INFORMATION (CONTINUED)

D. HOLDING/LIFT/DOSING TANKS

- 1. Tank structurally sound, with no evident leaks or cracks? Yes No N/A
- 2. Tank access at grade? Yes No N/A
- 3. Pump Functioning? Yes No N/A
- 4. Alarm Functioning? Yes No N/A
- 5. Electrical Connections satisfactory? Yes No N/A
- 6. Surface water (drainage swale, roof drain, sump pump, etc.) directed over tank?
 Yes No N/A

7. Additional comments: _____

E. DISPOSAL AREA

- 1. Results of Soil Absorption System Probing: N/A (No aggregate-based absorption area)

	<u>Bed</u>	<u>Trenches</u>			
		T1	T2	T3	T4
Some dry aggregate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effluent to top of aggregate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effluent to ground surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 2. If exposed, are distribution box outlets level? Yes No N/A
- 3. Surface water (drainage swale, roof drain, sump pump, etc.) directed over absorption area?
 Yes No

- 4. General Observations & Condition of Absorption/ Disposal Area (Select **ALL** that apply):

- Green Lush Grass Wetness or Spongy Areas Water Ponding or Surfacing
- Open Pipe Discharge None of the Above

5. Additional comments: _____

WESTTOWN TOWNSHIP ON-LOT SEWAGE SYSTEM INSPECTION REPORT

SECTION 2. INITIAL INSPECTION INFORMATION (CONTINUED)

F. MAINTENANCE RECOMMENDATIONS (Where not indicated by previous information)

1. _____

2. _____

3. _____

G. REPAIR RECOMMENDATIONS (Where not indicated by previous information)

1. _____

2. _____

3. _____

WESTTOWN TOWNSHIP ON-LOT SEWAGE SYSTEM INSPECTION REPORT

SECTION 2. INITIAL INSPECTION INFORMATION (CONTINUED)

H. SITE DRAWING

Show approximate locations of property lines, structures, driveway, well(s), treatment tanks, dosing tanks, and absorption area (may attach CCHD permit plot plan or as-built plan in lieu of drawing).

