

**WESTTOWN TOWNSHIP
SEWAGE MANAGEMENT PROGRAM (SMP)
ROUTINE INSPECTION REPORT**

Submit completed report & pumping receipts 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 Name (print) _____

Information: Phone (req.) _____ Email _____

Address: _____

Date of Inspection: _____ UPI No: 67- _____ - _____

Inspector/Pumper Name (print) _____

Information: Company _____

PSMA Cert. No. _____ CCHD License No. _____

Signature (req.) _____

This report is to be used **ONLY** for inspections that occur at least once **every three (3) years** following the initial inspection. The information in this report is intended **solely** for Westtown Township SMP and does not warrant or guarantee the proper functioning of the on-lot system. The Property Owner and the Inspector attest that all information in this report is true and accurate to the best of their knowledge.

A. Treatment tank(s) type Septic Tank Cesspool Aerobic Tank Holding Tank Other _____

B. Tank lid structurally sound, with no evident leaks or cracks? Yes No

| | | | | |
|--------------------|-----------------------|------------------------------|-----------------------------|------------------------------|
| C. Baffles intact? | <u>Inlet:</u> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| | <u>Outlet:</u> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

D. Effluent filter? Yes No

E. Depth of scum and sludge greater than 1/3 liquid depth of tank? Yes No

F. Was the liquid depth above the outlet pipe at the time of inspection? Yes No

G. **System pumped during Inspection?** Yes No **Quantity (gal):** _____ **Date:** _____

Hauler Name: _____ **CCHD License No:** _____

H. Treatment tank structurally sound, with no evident leaks or cracks? Yes No

I. Absorption area backflow into tank during pumping? Yes No

J. **Does greywater discharge to the ground surface?** Yes No

| | | | |
|--|------------------------------|-----------------------------|------------------------------|
| K. Lift/ dosing tank structurally sound? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| L. Lift/ dosing tank pump functioning? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| M. Lift/ dosing tank alarm functioning? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| N. If exposed, are distribution box outlets level? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

O. Observations/ General Condition of Absorption System/ Disposal Area:

| | | |
|---|--|--|
| <input type="checkbox"/> Water Ponding or Surfacing | <input type="checkbox"/> Open Pipe Discharge | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Wet/ Spongy Areas | <input type="checkbox"/> Green Lush Grass | |

Comments & recommendations (continue on back): _____

