

The Town of Portsmouth Conventional OWTS Inspection Report



PROPERTY INFORMATION

OWNER NAME: _____ MAP: _____ LOT: _____ PHONE # _____
 SITE ADDRESS: _____ EMAIL: _____
 MAILING ADDRESS: _____

Year Built: _____ # of Bedrooms: _____ Age of System: _____ Date of Last Inspection: _____ Date of Last Pump: _____

of occupants in house: _____ Date of Last Property Transfer: _____ Commercial(Type): _____ Residential: **Seasonal or Year Round**

Circle one

Type of Inspection: First Maintenance (Pumping required): _____ Routine Maintenance: _____ Point of Sale: _____ (must be a Functional Inspection**)

Homeowner Records: List any documents made available by owner during the inspection and any repairs or upgrades since last inspection. Attach copies of records.

Type of Septic System: Cesspool: _____ Conventional OWTS: _____ Alternative System: _____ Other: _____ (describe) _____

Tank Volume: _____ **Type of Tank:** Concrete: _____ Metal: _____ Fiberglass: _____ Other: _____ (describe) _____

Check All That Apply: Effluent Pump: _____ Effluent Filter: _____ Center Riser: _____ Effluent Riser: _____ Influent Riser: _____

Type of Soil Treatment Area: Diffusers: _____ Trench: _____ Pressurized: _____ Galley: _____ Other: _____ (describe) _____

Check All That Apply: Washing Machine: _____ Garbage Disposal: _____ Dishwasher: _____ Hot-Tub/Whirlpool: _____ Water Softener: _____

Water Supply: Public: _____ Private Well: _____

FIELD OBSERVATIONS

Distance to COASTAL FEATURE: _____ (if < 200 ft **) **Distance to STORM DRAIN:** _____ (if < 50 ft **)

Interior Depth of Tank: _____ inches Sludge Depth: _____ inches Scum Depth: _____ inches Net Clear: _____ inches Percent Solids: _____ %

Pump out done at time of inspection? _____ Does OWTS meet current RIDEM Design Guidelines? Yes ___ No ___ (Island Park & Portsmouth Park only)

CESSPOOLS:

	YES	NO	NOT OBSERVABLE
Is there evidence of structural damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there an overflow, second cesspool, soil treatment area or other outlet from cesspool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Is there standing water in the cesspool above the invert?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SEPTIC TANK:

Is there evidence of structural damage to the baffles, tees or superstructure of the tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Is wastewater above the invert of the outlet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Is flow seen or heard coming from the inlet, even though all known water-use appliances or fixtures in the home are off? (If Yes, possible in-home plumbing leaks – evaluation recommended)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Was flow seen or heard coming from the outlet back to the tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Can wastewater bypass soil treatment area by pipe or other means?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SITE OBSERVATIONS (Examine Area and Check All That Apply)

- _____ Impermeable surface such as concrete, asphalt, or brick is located near or over the soil treatment area (STA)
- _____ Ponding or Wastewater Breakout _____ Septic Odors _____ Burnt out grass or ground staining over the STA
- _____ Patches of lush green grass over the STA
- _____ Trees, large shrubs or other plants with extensive root system observed in the vicinity
- _____ Heavy objects or evidence from such objects in the vicinity of the soil treatment area
- _____ An apparent cave-in or exposed component was identified
- _____ Stormwater, sump pumps, foundation drains or roof runoff is diverted to flow into the septic system

****Flow Trial****

57 gal/bedroom at 5-10 gpm at outlet of tank with less than 2 inch rise in fluid level

YES _____ NO _____

****Dye Tracing****

_____ Confirms bypass/seep
 _____ N/A
 _____ Inconclusive

RESULTS – Inspection revealed one or more of the following; Check all that apply:

- _____ Septic Tank functioning properly _____ STA functioning properly
- _____ Septic Tank is substandard or has structural damage. (Note reason(s) on comment line below)
- _____ Repair required by licensed professional
- _____ Cesspools per Town Ordinance will require replacement – Required Cesspool Upgrade Date _____/_____/_____
- _____ The STA has excessive wastewater backup and needs to be replaced or repaired by a licensed professional
- _____ Due to the condition of the system or lack of information, the inspection results are inconclusive.
- _____ The **SYSTEM HAS FAILED**. Owner must apply to RIDEM within 60-days for OWTS Permit for Repair or replacement

Comments: _____

BASED ON THE INSPECTION, THE FOLLOWING IS REQUIRED:

- _____ Next Maintenance Inspection no later than: _____/_____/_____
- _____ Next Pumpout no later than: _____/_____/_____ or,
- _____ Pumping to be determined at next inspection
- _____ RIDEM Application for Repair must be submitted within 60-Days

Print Inspector's Name and Company _____ Date of Inspection _____

Inspector's Signature _____ Inspector # _____

Please provide a sketch of the system

This inspection report indicates the present condition of the OWTS based on Rhode Island recommended inspection procedures, but is in no way a guarantee of future performance.