



Cayuga County Health & Human Services

Environmental Division

Wastewater Treatment System

Inspection Form

Inspection Type
 Routine
 Property Transfer
 Refinance

Sewage Disposal System Site Assessment Inspection Document

As part of its **QUALITY CONTROL** service the Environmental Division of the Cayuga County Health & Human Services Department may revisit the site for verification of statements.

I. GENERAL INFORMATION

A. Property and System Information

1. Tax Map #: _____ - _____ - _____ Town/ Village: _____
2. Owner: _____
3. **Property 911 Address:** _____
4. **Owner's Mailing Address:** _____ Zip Code: _____
5. Telephone: Home: _____ Work: _____ Property: _____
6. Prior Owner: _____
7. Select one that best describes location of sewage disposal system:
 Borders MHW of Owasco Lake or Little Sodus Bay.
 Does not border Lake or Bay but is within 500 ft. of MHW of Lake or Bay.
 System located in Owasco Lake or Little Sodus Bay Watershed.
 None of the above mentioned.
8. Property Use: Residence Multiple Residence Vacant Commercial: Type _____
 Other - describe: _____
9. Does the Health Department have a construction or modification plan of the system on record? yes no

B. System Information (Mark All That Apply)

10. Type of Wastewater System:
 Septic Tank with Absorption Trenches Septic Tank with Absorption Bed Septic Tank with Seepage Pit (dry well)
 Septic Tank with Sand Filter (effluent discharge to surface yes no) Aerobic Septic Tank with Absorption Field
 Seepage Pit (dry well) without Septic Tank) Holding Tank Privy Commercial System Composting Toilet Unknown
11. Septic/Holding tank size _____ (gallons) Date last pumped _____ By whom _____
12. Absorption Field:
 Number of laterals _____ Length of each lateral _____
 Total lateral length _____ Overall bed dimensions _____
13. Dry Wells/Seepage pits: Number _____ Size of each _____
14. Pump yes no; Dosing siphon yes no
 Is pump or dosing siphon equipped with an alarm? yes no
 Storage Capacity per pump cycle _____ (gallons)

II. OWNER INTERVIEW

A. History (Show Certification I.D. card to owner and inform owner that signature will be required)

15. Date of system construction: _____ Year house was built: _____

16. Date of any modifications to system _____ Describe _____

17. Is the property used seasonally? yes no

18. Is the property currently occupied (must be occupied 15 or more consecutive days)? yes no

19. How long has the property been currently occupied? _____(days/months/years)

20. Describe periods of maximum occupancy: _____

21. Average number of persons using the property _____

22. Number of:

a. Bedrooms (total # for multiple homes) _____ Bathrooms _____ Hot Tubs _____

b. Toilets _____ Type: Old Standard New Standard Water Saving Other

c. Sinks _____ Faucet Type: Old Standard Water Saving Other

d. Showers/Tubs _____ Faucet Type: Old Standard Water Saving Other

e. Dishwashers _____ Garbage Disposal _____ Washing Machines _____

f. Water Softener/Treatment Equipment yes no Backwash Discharges into Septic System yes no

23. Has the septic system had any problems?

a. Odors yes no

b. Slow draining plumbing yes no

c. Backing up of sewage into house yes no

d. Surfacing of sewage yes no

e. Other, such as seasonal yes no

f. Describe any problems: _____

24. If system has an Aerobic Tank, when was tank last serviced _____(date) _____(by whom) not applicable

25. Is holding tank equipped with alarm or other device to detect leakage or overflow? yes no not applicable

26. Does homeowner maintain log of holding tank or septic tank pump-out? yes no not applicable

27. Was log of holding tank or septic tank pump outs reviewed by inspector? yes no not applicable

28. If system has holding tank, what is frequency of pumping (eg. weekly, monthly, etc.)? _____ not applicable

29. Are there any separate disposal systems (seepage pits/drywells) for the kitchen, second bath, laundry, etc.? yes no;
If yes, describe these drains and their location: _____

30. Are there any drainage pipes or storm drains on the property? yes no; Are they private? yes no

31. What is your water supply; Public Lake Well Creek Other _____
Is the quantity of flow adequate? yes no

B. Owner Verification of Interview

Notice: In a written statement filed with the County, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the State of New York punishable as a Class A Misdemeanor (PL Sec. 210.45).

I certify that to the best of my knowledge the information I have provided in this interview is correct.

Signature of Owner/Agent: _____ Date: _____
(must be an adult)

Agents title _____

III. SITE INSPECTION

A. Date and Review of System Plans

32. Date of Inspection: _____ (If a three day test, enter all dates)

33. Did Inspector review construction or modification plans of system on file with the Health Department? yes no

B. Interior Plumbing

34. Does all wastewater discharge to only one septic system? yes no

C. Sewage Disposal System

Provide comments and system/site sketch as described in the procedures guide.
Use the designated "SYSTEM/SITE COMMENT AND SKETCH SHEET" attached to this form.

D. General Information (enter the following information based on the inspection)

35. Evidence of system problems:
- a. Odors yes no
 - b. Saturated soils yes no
 - c. Lush vegetation yes no
 - d. Changes in vegetation yes no
 - e. Other yes no

Describe: _____

36. Were all drainage pipes inspected for dye? yes no N/A

37. Evidence of wastewater discharge to water course or ground surface: yes no

Describe: _____

38. Evidence of storm water ponding on system: yes no

Describe: _____

39. Evidence of storm water discharge to system: yes no

Describe: _____

40. Evidence of rock outcroppings: yes no

Describe: _____

41. Shortest distance from absorption area to (in feet):

- a. Lake or Bay (MHWM), stream, spring, pond, etc. _____
- b. Nearest Property Line _____
- c. Nearest Well-including those on adjacent property _____
- d. Nearest Dwelling _____
- e. Elevation of Lake or Bay (i.e. Owasco Lake, Little Sodus Bay, Cross Lake, etc.) at the day of inspection _____ (feet)
- f. Other pertinent features _____

42. If the system has a pump: not applicable
- a. Does the pump appear to operate properly? yes no
 - b. Does the pump basin have any visible overflows? yes no

E. Dye Testing (inform owner regarding the quantity of water to be used)

43. Which fixtures were turned on:
- a. toilet yes no
 - b. bathtub/shower yes no

- c. bathroom sink yes no
- d. kitchen sink yes no
- e. washing machine/utility sink yes no

44. Where was the dye introduced:

- a. toilet yes no
- b. bathtub/shower yes no
- c. bathroom sink yes no
- d. kitchen sink yes no
- e. washing machine/utility sink yes no

45. Volume of water entered into system (Calculations)

Calculate flow rate (e.g. gallons per minute), the time dye introduced and the fixtures turned on, and the time fixtures turned off.

a. Routine Inspection: 20 gal/bedroom
 flow rate _____ start time _____ stop time _____ total time _____ total volume _____ (gals)

b. Property Transfer or Refinance Inspection (dwelling occupied for at least 15 consecutive days prior to test):
 75 gal/bedroom; 150 gallons Minimum; (Requires Septic Tank Pump-Out Report)
 flow rate _____ start time _____ stop time _____ total time _____ total volume _____ (gals)

c. Property Transfer or Refinance Inspection (dwelling unoccupied):
 150 gal/bedroom x 3 days; (Requires Septic Tank Pump-Out Report)

Day 1: flow rate _____ start time _____ stop time _____ total time _____ volume _____ (gals)

Day 2: flow rate _____ start time _____ stop time _____ total time _____ volume _____ (gals)

Day 3: flow rate _____ start time _____ stop time _____ total time _____ volume _____ (gals)

Total volume _____ (gals)

46. Evidence of dye: yes no Describe location: _____

47. Date of re-visit: _____ (**remember you must re-visit if a holding tank**)

48. Evidence of dye: yes no Describe location: _____

49. Does system pass inspection? yes no

F. Drainage Pipe Discharge Testing not applicable (Check this box only if property does not border Owasco Lake or Little Sodus Bay. Otherwise this section must be completed) Note: Use additional sheets if more than one drainage pipe.

50. Describe location, diameter, length of private drainage pipe(s) sampled: _____
 _____ (also indicate on sketch)

51. Was effluent discharging from pipe during inspection? ____ yes ____ no (If yes, attach Report from Lab)

52. Date of revisit: _____ Was effluent discharging from pipe? ____ yes ____ no (If yes, attach Report from Lab)

53. Name of laboratory analyzing sample: _____ N/A

IV. INSPECTOR INFORMATION TOWN _____ 911 ADDRESS _____

A. General Comments and /or Problems: _____

