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Subsurface Wastewater Unit

Department of Health and Human Services
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Septic System Inspection Report

Client Information

Name: _____

Mailing Address, Town, State, ZIP Code: _____

Telephone: _____ Mobile Phone: _____

E-mail: _____

Property Owner Information

Same as Client Yes No

Name: _____

Mailing Address, Town, State, ZIP Code: _____

Telephone: _____ Mobile Phone: _____

E-mail: _____

1. Inspector's Information

Company: _____

Inspector's Name: _____ Certification # _____

Mailing Address, Town, ZIP Code: _____

Telephone: _____ Mobile Phone: _____

E-mail: _____

2. Property Information

Location (road, town) _____

Tax Map # _____ Lot # _____ Lot Size: _____ acres square feet

Zoning: Shoreland Zone Other: _____

3. Design Information:

Current use of system: _____

The subject system was installed after July, 1974. Yes No

A record search was conducted, including owner, municipal, and state sources. Yes No

An HHE-200 Form (septic system design and permit application form) for the septic system serving this property is is not available.

If available, a copy is is not attached.

A permit was was not unknown issued for this system. If "yes", permit # _____.

If known: designer: _____, SE installer: _____

4. Septic or Holding Tank

Holding Tank Septic tank capacity: _____ gallons

Tank material: concrete plastic fiberglass metal

Tank condition: Good Fair Poor

requires replacement requires repair: _____

Septic Tank Outlet baffle tee-fitting tee-fitting with filter

Septic Tank Outlet condition: Good Fair Poor clogged filter

requires replacement requires repair: _____

Tank setbacks from nearest:

waterbody: _____ feet, structure: _____ feet,

well: _____ feet, road: _____ feet, property line: _____ feet

5. Disposal Area

Disposal area type: stone bed concrete chambers plastic chambers

fabric wrapped tubes fabric wrapped blocks

other: _____

Disposal area condition: Good Fair Poor Malfunctioning

requires replacement requires repair: _____

Disposal area setbacks from nearest:

waterbody: _____ feet, structure: _____ feet,

well: _____ feet, road: _____ feet, property line: _____ feet

8. Additional Information:

Additional page(s) attached.

9. Conclusions

The system appeared to have been installed prior to adoption of the Subsurface Wastewater Disposal Rules in July of 1974. Yes No If "no":

The system appeared to have been installed in conformance with the design dated _____,
by _____, S.E. Yes No

The system appeared to have met the Subsurface Wastewater Disposal Rules in effect at the time of installation.
 Yes No

The system appeared to be functioning at the time of inspection. Yes No System Not In Use

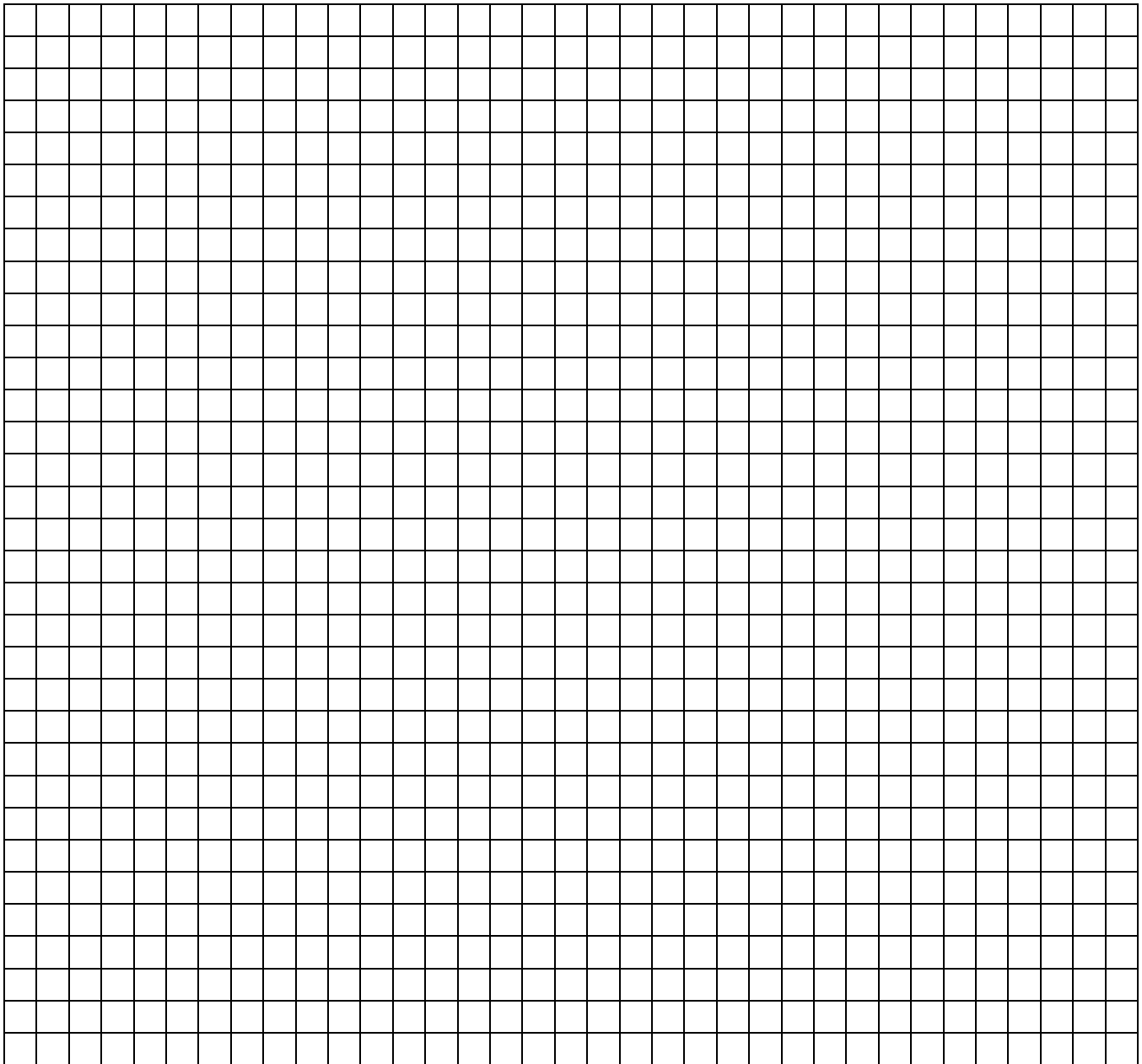
10. Signature:

On _____(date) I completed an inspection of the subsurface wastewater disposal system serving the subject property. The inspection included a review of property owner, municipal and state records as appropriate and a visit to the property. The information contained in this document accurately describes the conditions observed relative to the specific items referenced in this report that existed on the inspection date. No warranty is made or implied that the conditions described herein are representative of past conditions; will continue beyond the inspection date; or that the subsurface wastewater disposal system will function in compliance with the Maine Subsurface Wastewater Disposal Rules. No inference can be made regarding the condition, status, or functionality of any system characteristic not specifically described in this report

I, _____, Certified System Inspector hereby state that this report
PLEASE PRINT
is accurate to the best of my knowledge.

Inspector's Signature _____ Date of Signature _____

Site Sketch



FIELD CHECKLIST

<input type="checkbox"/>	General Condition OK	No visible cracks or holes in observable portion of tank.
<input type="checkbox"/>	Size OK	Adequate for the number of bedrooms.
<input type="checkbox"/>	Access for Pumping OK	Covers can be located and removed.
<input type="checkbox"/>	Baffles OK	Baffles are present and functional.
<input type="checkbox"/>	Outlet Filter OK	Outlet filter present and functional.
<input type="checkbox"/>	Liquid Level OK	Liquid level at or below outlet invert.
<input type="checkbox"/>	Solids Level OK	Scum & sludge occupy 1/3 or less of tank capacity.
<input type="checkbox"/>	General Condition OK	No visible cracks or holes in observable portion of tank.
<input type="checkbox"/>	Alarm & Circuit OK	Separate electrical circuits exist for pump & alarm.
<input type="checkbox"/>	Access for Service OK	Covers can be located and removed.
<input type="checkbox"/>	Float Switches OK	Float switches are present and functional.
<input type="checkbox"/>	General Condition OK	No components visible; no trees or objects on system.
<input type="checkbox"/>	Effluent Contained Below Surface	No malfunction per definition.
<input type="checkbox"/>	Ground Cover OK	No visible evidence of surface erosion.
<input type="checkbox"/>	Water Supply Setback OK	System meets setback on design plan or current rule minimum.
<input type="checkbox"/>	Major Waterbody Setback OK	System meets setback on design plan or current rule minimum.