

OTN SYSTEM INSPECTION *INFORMATION REQUEST*

Individual Residential Wastewater Treatment System

(type or print)

Property and Owner Identification

(attach property survey/tax parcel map if possible)

Tax Parcel Identification Number _____ Town: _____

Property Address _____

Property Owner _____

Address _____

Telephone Number _____

Inspection Request Information

Inspection requested by: _____

Affiliation _____

Address _____

Telephone Number _____

Closing date (if applicable) _____

Purpose of request: ☐ property transfer ☐ agency request ☐ malfunction
☐ other (please describe) _____

Inspection fee to be paid by: _____

Payment is due before report is released

Household Information

☐ Owner-occupied *or* ☐ Rental

☐ Full-time *or* ☐ Seasonal If seasonal- # weeks per year: _____

Last known date of occupancy: _____ Number of occupants: _____

Age of home: _____ Total square footage: _____

of bedrooms: _____ # of bathrooms: _____ Water-saving fixtures? ☐ Yes ☐ No

Home business or hobby? (ex. daycare, photography, taxidermy, salon): ☐ Yes ☐ No

Type _____

Regularly used medications? (ex. chemotherapy, dialysis): ☐ Yes ☐ No

Are there any wells on the property? _____ How many? _____

Household fresh water source: ☐ public ☐ well(s) ☐ spring(s) ☐ other

If well, circle one (drilled / dug); Year installed: _____ Depth _____ feet

List all public or private buried utilities or structures on property: (gas, electric, phone, etc.)

Onsite Wastewater Treatment System(s)

How many systems are on the property? _____

Year system(s) installed: Tank _____ Leach System _____

Are all system components wholly within the property boundaries? ☐ Yes ☐ No

Are system plans available? ☐ Yes ☐ No

Does the system(s) serve multiple properties? ☐ Yes ☐ No

If yes, describe _____

Maintenance

Service agreement? ☐ Yes ☐ No If yes, vendor name _____

Date of last inspection _____; N/A ☐ Date tank last pumped _____; N/A ☐

Frequency of pumping _____; N/A ☐

OTN SYSTEM INSPECTION *INFORMATION REQUEST* (continued)

List known repairs/replacements, with dates:

<u>Date</u>	<u>Type of Repair/Replacement</u>
_____	_____
_____	_____
_____	_____
_____	_____

Operation

- | | | |
|--|------------------------------|-----------------------------|
| ♦ System problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ♦ Sewage odors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ♦ Direct surface discharge(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ♦ Back-up of toilets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ♦ Back-up of any other fixtures? (ex. slow drains) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ♦ Seasonal ponding or breakout of leach field? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Statement of Acceptance of Conditions

I agree to:

- ensure that the septic tank(s), distribution box(es), pump station(s) and/or seepage pit(s), if any, will be uncovered **prior to** the requested inspection time;
- have a septic hauler on site to pump tank **after*** the inspector arrives;
****tank must be pumped in presence of inspector****
- have an authorized representative present at the site to provide access to home for inspection of interior plumbing;
- allow the inspector to verify information provided above, and to conduct an inspection of the indicated onsite wastewater treatment system(s), including all system components, and interior and exterior plumbing.

To the best of my knowledge, the information provided above is accurate.

I agree to be responsible for inspection fee payment.

Signature of property owner or authorized agent:

Print Name: _____

Affiliation: ☐ owner ☐ agent _____

Signature: _____ Date: _____

Comments/Directions to property/etc. (optional)

Inspector

Name of Inspector Tad Gerace
Affiliation Ontario County Soil and Water Conservation District
Address 480 North Main Canandaigua NY 14424
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Fax Number (585) 396-0137
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