

# SUBSURFACE WASTEWATER INSPECTION FORM



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Date of Inspection	Initial _____ 6 month _____	12 month _____
	Follow-up _____	Service _____ Other _____

County	System Type	Drainfield (on-site / off-site)
Pender	LPP	on-site

Name and Address of Owner:	Location of System / Drainfield (off-site):
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**V = Satisfactory M = Marginal X = Unsatisfactory N = Not Evaluated NA = Not Applicable**

<b>Septic Tank:</b> Tank risers are accessible _____ There are no infiltration problems _____ Surface water is being diverted away _____ Tanks/accesses are structurally sound _____ Sanitary tee is in good condition _____ Inlet tee is cleaned today _____ Effluent filter is cleaned today _____ Effluent filter is in good condition _____ Effluent filter is snapped in place _____ Water level is at proper height _____	Size = _____	gallons	Scum Level _____ Sludge Level _____ Scum + Sludge Level _____ Liquid Depth _____ Tank Needs pumping? _____
			Filter cleaned today _____ Filter is in good condition _____

<b>Effluent Dosing Station:</b> Tank riser is at proper height _____ No infiltration issues _____ Required pumps present and operating _____ High water alarm is operating _____ Floats, pipes, valves, disconnects in good condition _____ Pump float is not resting on top of pump _____ Control panel is in good condition _____ TCW sticker is placed on front panel door _____ Duct seal is present in all conduit openings _____ Effluent appears clear and free of solids _____ Telemetry dialer is working properly _____	Size = _____	gallons	Scum Level _____ Sludge Level _____ Scum + Sludge Level _____ Tank Needs pumping? _____
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<b>Ground Absorption Fields:</b> There is no evidence of effluent surfacing _____ Vegetative cover is maintained properly _____ Field protected from traffic/distructive uses _____ Surface water is being diverted away _____ No low areas or settling occurring _____ Line cover (soil) is adequate _____ Repair area is properly reserved, maintained _____		Drop boxes used in lieu of D-box _____ D-box(es) in good condition _____ D-box(es) in proper adjustment _____
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<b>Pressure Manifold System:</b> Manifold vault, valves, piping are in good condition _____ No evidence of leakage, blockage in discharge lines _____ The pressure head is properly adjusted _____	
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<b>Low Pressure Pipe System:</b> Turn-ups/cleanouts are intact and accessible _____ Laterals are free of excess solids _____ Laterals were flushed this inspection _____ Zone valves are operating properly _____ Pressure head is properly adjusted _____ Valve box or buckets are dry inside _____	Corrected today _____ Jetting necessary _____ Corrected today _____ Corrected today _____
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Signature of "ORC" _____	Date: _____
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## LPP FIELD SHEET and MONITORING VISIT CALCULATIONS: Simplex System

### SYSTEM SPECIFICATIONS

Total Flow (Design PDR)	
Design Usage (GPD)	
Dosing Volume (Gal)	
Gallons per inch of depth	

### LATERAL PRESSURE

	Design	Actual	Adjusted
Line 1			
Line 2			
Line 3			
Line 4			

Pump OFF (inches)		
Pump ON (inches)		
Total In.		
Gal/In.		(from above)
Total Gal		Total Inches x Gal/In.
Total Minutes		
GPM (Actual PDR)		Total Gal/Total Minutes
GPM (Design PDR)		(from above)
Pump Efficiency		Actual/Design x 100

### CYCLE COUNTER

Previous	
Arrival	
Departure	

### ETM

Previous	
Arrival	
Departure	

### Days Since Last Visit

Previous Date	
Today's Date	
Total Days	

Theoretical Cycles Since last visit	
Theoretical Usage Since last visit (Gal)	
Theoretical Pump Run Time (Hours)	

Actual Cycles Since last visit	
Actual Usage Since last visit	
Actual Pump Run Time (Hours)	

Previous Water Usage Reading	
Arrival Water Usage Reading	
Actual Water Usage Since Last visit	