



EXISTING ONSITE WASTEWATER SYSTEM EVALUATION  
(no increased water demand)

<b>Current Property Owner</b>	<b>Date of Expected Replacement:</b>		
Name:	Phone Number	City:	State: Zip:
Mailing Address:	Tax Map Number:		
Email:			

<b>Location</b>			
Site Address:	Municipality:		
Number of Bedrooms in dwelling:	Is dwelling occupied (yes or no)	If yes how long:	
Date system installed:	Date of last pumping:		
Has there ever been a backup in the house (yes or no or don't know)	Are there water-saving fixtures (yes or no)		
List any system repairs:			

**Source of Water**

Individual or shared well       Public Water Supply       Lake       Other

<b>System Evaluator</b>			
Company Name:			
Design Professional's Name:	Phone Number:	City:	State: Zip:
Mailing Address:			
Email:			

**Wastewater (Septic) System**

System Type:     Conventional       Enhanced Treatment (type)

Total wastewater flow on the property (GPD):

<b>Conventional Treatment (Septic Tank) Unit</b>			
Tank depth (from ground surface to top of tank):			
Structural integrity of the tank:	<input type="checkbox"/> OK	<input type="checkbox"/> Inadequate	
Tank size in gallons:	Tank Material:	Tank Manufacturer:	
Inlet baffle: <input type="checkbox"/> OK <input type="checkbox"/> Inadequate	Outlet baffle: <input type="checkbox"/> OK <input type="checkbox"/> Inadequate		
Effluent filter: <input type="checkbox"/> No <input type="checkbox"/> Yes (brand):			
Are there risers <input type="checkbox"/> Yes <input type="checkbox"/> No    (How many:    )	Are Lids secure <input type="checkbox"/> Yes <input type="checkbox"/> No		
Holding Tank <input type="checkbox"/> Yes <input type="checkbox"/> No	Functional Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional information:			

<b>Enhanced Treatment Unit (ETU)</b>	
Manufacturer:	Model:
Is the unit functioning properly: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Maintenance provider:	
Maintenance contract expiration date:	Date of last maintenance visit:
Maintenance visits and reports attached: (    )	



**Absorption System**

Distribution box (yes or no)  Conventional Trenches Type: \_\_\_\_\_ Material: \_\_\_\_\_ Number of outlets: \_\_\_\_\_  
 Gravelless Chambers Type: \_\_\_\_\_  
Number of Laterals: \_\_\_\_\_ Lateral Length: \_\_\_\_\_ Total length of laterals: \_\_\_\_\_  
 Absorption Bed Size: \_\_\_\_\_  
 Seepage Pit Size: \_\_\_\_\_  
 Raised Fill Size: \_\_\_\_\_  
 Shallow Trench Size: \_\_\_\_\_  
 Deep Trench \_\_\_\_\_  
 Cut & Fill Size: \_\_\_\_\_  
 Sand Filter Size: \_\_\_\_\_  
 Mound system Size: \_\_\_\_\_

Downstream absorption area (mound or modified shallow trench or None)

Absorption area in square feet: \_\_\_\_\_ Fluid levels:  Satisfactory  Unsatisfactory

**Pump Tank**

Tank size in gallons: \_\_\_\_\_ Tank Material: \_\_\_\_\_  
Structural integrity of pump tank  OK  Inadequate Is there a functional alarm  Yes  No  
Is the pump working correctly  Yes  No Is the pump elevated off the tank bottom  Yes  No  
Do the electrical components appear satisfactory  Yes  No What is the dose in gallons ( \_\_\_\_\_ )  
Type of pump  effluent  sewage  grinder  
Additional information: \_\_\_\_\_

**Absorption Field Summary**

Is there evidence of previous failure  Yes  No Is there visible seepage  Yes  No  
Is there evidence of lush vegetation in absorption field  Yes  No  
Does there appear to be even distribution of effluent in absorption area  Yes  No  
Is there surface discharge (outlet pipe etc.)  Yes  No

**Overall Condition**

Is the system in accordance with past inspections and permits  Yes  No  
Is the system functioning as intended for treatment  Yes  No  
Is the system in accordance with current separation distances  Yes  No

**This form shall be accompanied by the following:**

- Location of all system components (sketch and triangulation and separation distances)
- Location of surrounding water supplies
- Property boundaries
- Structures (floor plan of replacement dwelling)
- NYS Design Professionals Evaluation
- Copies of current Maintenance agreement

The foregoing information and the attached documentation are true and correct to the best of my knowledge. My signature indicates that I have permitted the use of the existing system as long as it remains undamaged during the replacement of the dwelling structure with the same water demand new structure. The existing onsite wastewater treatment system shall remain in its present state and condition, damages to the system may possibly result in an unbuildable situation. That distance measurements be taken by triangulation for future relocation of components such as septic tank, pump tank, distribution box or boxes, etc.

Watershed Manager \_\_\_\_\_ Date \_\_\_\_\_