

The Town of Charlestown Conventional OWTS Inspection Report



TOWN OF CHARLESTOWN

PROPERTY INFORMATION

OWNER NAME: _____ MAP: _____ LOT: _____ PHONE # _____

SITE ADDRESS: _____

MAILING ADDRESS: _____

Year Built: _____ # of Bedrooms: _____ Age of System: _____ Date of Last Inspection: _____ Date of Last Pump: _____

of occupants in house: _____ Date of Last Property Transfer: _____ Commercial(Type): _____ Residential: **Seasonal or Year Round**

Circle one

Type of Inspection: First Maintenance (Pumping required): _____ Routine Maintenance: _____ Point of Sale: _____ (Point of Sale Inspection must be a Functional Inspection – complete and submit the RI Septic System Functional Inspection Report along with this Report per Town Ordinance 210-8.1D and F(1)(c))

Homeowner Records: List any documents made available by owner during the inspection and any repairs or upgrades since last inspection. Attach copies of records.

Type of Septic System: Cesspool: _____ Conventional OWTS: _____ Alternative System: _____ Other: _____ (describe) _____

Tank Volume: _____ **Type of Tank:** Concrete: _____ Metal: _____ Fiberglass: _____ Other: _____ (describe) _____

Check All That Apply: Effluent Pump: _____ Effluent Filter: _____ Center Riser: _____ Effluent Riser: _____ Influent Riser: _____

Type of Soil Treatment Area: Diffusers: _____ Trench: _____ Pressurized: _____ Galley: _____ Other: _____ (describe) _____

Check All That Apply: Washing Machine: _____ Garbage Disposal: _____ Dishwasher: _____ Hot-Tub/Whirlpool: _____ Water Softener: _____

Water Supply: Public: _____ Private Well: _____

FIELD OBSERVATIONS

Interior Depth of Tank: _____ inches, Sludge Depth: _____ inches, Scum Depth: _____ inches, Net Clear: _____ inches, Percent Solids: _____ %
Accumulation Rate: _____ inches/year Pump out done at time of inspection? _____ (Per Table 5.1a of the RI Septic Handbook)

<u>CESSPOOLS:</u>	Type _____	YES	NO	NOT OBSERVABLE	
	Is there evidence of structural damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Is there an overflow, second cesspool, soil treatment area or other outlet from cesspool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Is there standing water in the cesspool above the invert?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>SEPTIC TANK:</u>					
	Is there evidence of structural damage to the baffles, tees or superstructure of the tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Is wastewater above the invert of the outlet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes: _____ inches
	Is flow seen or heard coming from the inlet, even though all known water-use appliances or fixtures in the home are off? If Yes, possible in-home plumbing leaks. In-home eval recommended.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Was flow seen or heard coming from the outlet back to the tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Can wastewater bypass soil treatment area by pipe or other means?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SITE OBSERVATIONS (Examine Area and Check All That Apply)

- _____ Impermeable surface such as concrete, asphalt, or brick is located near or over the soil treatment area
- _____ Ponding or Wastewater Breakout _____ Septic Odors _____ Burnt out grass or ground staining over the soil treatment area
- _____ Patches of lush green grass over the soil treatment area
- _____ Trees, large shrubs or other plants with extensive root system observed in the vicinity
- _____ Heavy objects or evidence from such objects in the vicinity of the soil treatment area
- _____ An apparent cave-in or exposed component was identified
- _____ Stormwater, sump pumps, foundation drains or roof runoff is diverted to flow into the septic system

RESULTS – Inspection revealed one or more of the following; Check all that apply:

- _____ Septic Tank functioning properly _____ Soil Treatment Area functioning properly
 - _____ Septic Tank is substandard or has structural damage. (Note reason(s) on comment line below)
 - _____ Repair required by licensed professional
 - _____ Cesspools per Town Ordinance will require replacement per Town Cesspool Phaseout schedule – Required Cesspool Phaseout Date _____
 - _____ The soil treatment area has excessive wastewater backup and needs to be replaced or repaired by a licensed professional
 - _____ Due to the condition of the system or lack of information, the inspection results are inconclusive.
 - _____ The **SYSTEM HAS FAILED** per RIDEM OWTS Rules (Meets one of the 10 criteria in RIDEM OWTS Rule 7). Owner must apply to RIDEM within 60-days for OWTS Permit for Repair or replacement
- FOR FAILED SYSTEMS: PHOTO-DOCUMENT AND NOTIFY WASTEWATER MANAGEMENT OFFICE FROM FIELD 364-5030**

Comments: _____

BASED ON THE INSPECTION, THE FOLLOWING IS REQUIRED:

- _____ **Next Maintenance Inspection no later than:** _____ / _____ / _____
- _____ **Next Pumpout no later than:** _____ / _____ / _____ **or,**
- _____ **Pumping to be determined at next inspection**
- _____ **RIDEM Application for Repair must be submitted within 60-Days**

Print Inspector's Name and Company _____ Date of Inspection _____

Inspector's Signature _____ Inspector # _____

This inspection report indicates the present condition of the OWTS based on Rhode Island recommended inspection procedures, but is in no way a guarantee of future performance.

Please provide a sketch of the system