



FAIL 9/29/2022 (JH)  
DEP attached

63 Glenside Trail, Sparta, NJ 07871

September 27, 2022

Patricia Noonan  
RE: On Site Wastewater Treatment System  
44 Sweetmans Ln.  
Manalapan, NJ 07726  
Block: 7807 Lot: 9  
Job # 22092538

Dear Patricia,

As requested, this company performed an inspection of the on-site wastewater system at the above noted address on September 27, 2022. Attached is the report of that inspection which will document our findings. Based on the inspection, the system was found in "**Unsatisfactory Condition**" at the time of inspection.

A septic file or as-built was not reviewed at the time of inspection. All information was obtained from the real estate listing or from information provided to Ever-Green at the time of inspection. An abandoned discharge was observed during the inspection. Ever-Green recommends contacting the local Health Department to ensure the system which it was connected to was abandoned to proper standards.

The system contains three main components: the treatment tank that traps the solids, the conveyance system which moves the liquid from the treatment tank to the absorption area and the absorption area where the liquid percolates into the ground.

The treatment tank was opened and inspected. The baffle that directs the solids to the base of the tank (inlet baffle) was found to be intact and operational. The baffle that prohibits the floating solids from leaving the tank (outlet baffle) was found to be intact and operational as well. The liquid level was observed five feet below the outlet invert which is indicative of a leaking tank and is unsatisfactory. The interior of the tank was found to be deteriorating which has two small holes present in the side wall, this is unsatisfactory. A chunk of concrete was observed on the base of the tank and a possible ground water leak was observed at the seam. Root intrusion was observed inside the tank. The treatment tank was not pumped out during the inspection and conditions below the liquid level could not be observed. This is considered unsatisfactory due to the deteriorating tank.

The distribution box (d-box) is located downstream from the treatment tank. The liquid leaves the treatment tank and enters the d-box where it is directed into pipes (outlet lines) that run out into a disposal bed. The d-box was opened and inspected and found to be deteriorating, this is unsatisfactory. The line connected to pit E was found to be capped off preventing water from reaching the pit. Pit E is not currently in use due to this condition. This is considered unsatisfactory.

The absorption area for this system is two seepage pits, which are perforated concrete tanks surrounded by stone that allows the liquid to leach into the ground. The pits were opened and evaluated, and it was found that there was no liquid standing in the pits. Pit E was found to have a



riser that was not watertight with heavy root intrusion in the pit. Pit E is not currently in use due to the capped off line in the d-box. Water was run into the system and monitored through the seepage pits. No rise in liquid level was noted in the pits at the conclusion of the inspection. Normally this would be considered satisfactory, however due to the vacancy of the dwelling and condition of the system a two-day hydraulic load test was recommended. The customer declined the load test, and a release form was signed, this will require additional investigation.

**Ever-Green recommends that a septic contractor is contacted to repair or replace the treatment tank, replace the d-box, clear the root intrusion from pit E and replace the riser on pit E. A septic engineer should be contacted to determine why seepage pit E is not in use and address this condition. Additionally, Ever-Green recommends that a two-day hydraulic load test is conducted to properly inspect the absorption area.**

**Based on today's observations only, the information provided by the owner (s) or their agent, Ever-Green submits this sub-surface sewage disposal system inspection.**

**The inspection is based on the current conditions of the onsite sewage disposal system. Ever-Green makes no representation that the system was designed, installed, or meets N.J.A.C. 7:9A-1.1 et seq. Ever-Green has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time. Because of the numerous factors (usage, soil type, installation, and maintenance etc.) which affect the proper operation of a sub-surface disposal system as well as the inability of Ever-Green to supervise or monitor the use and maintenance of the system, this report shall not be construed as a warranty by Ever-Green that the system will function properly for any prospective buyer. Ever-Green disclaims any warranty, either expressed or implied, arising from the inspection of the septic system.**

If you have any questions, please do not hesitate to contact us. Thank you for allowing Ever-Green to meet your inspections needs.

Sincerely,



**Ryan Odom  
Certified Inspector**



# ON-SITE INSPECTION FORM

Job# 22092538

## Inspection Overview

- Preliminary system Information
- Inspection of treatment tanks
- Absorption system inspection
- Disposal/Conveyance system assessment
- Identification of any alternative technology approved components - Requires additional inspection



## Client Info

Client Name: Patricia Noonan

Different from Owner? ☒ Yes ☐ No

Street Address:

City: State: Zip Code:

## Contact Method

Home: 732-925-0184

Work:

Fax:

e-mail address: thenoonanfamily@aol.com

## ONSITE SYSTEM LOCATION

Inspector Name: Ryan Odom

Date: 09-27-2022

ISSDS Address: (including municipality):

44 Sweetmans Ln.

Manalapan, NJ 07726

Monmouth County

New Jersey Coordinate:

Block: 7807 Lot: 9

Was GPS used? ☐ Yes ☒ No

## Preliminary Information

Weather: Clear

Last Precipitation: 2 Days prior to inspection

Age of system:

Type of dwelling? ☒ Residential ☐ Non Residential

Number of bedrooms:

How many systems are being inspected? 1

List any commercial activities or high impact hobbies:

1 -

2 -

3 -

4 -

5 -

|                                                                                          | Yes                                 | No                                  |
|------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| Is there a site plan or septic map available?                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Is the dwelling currently being occupied?                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| If so how many occupants?                                                                |                                     |                                     |
| If no last date occupied?                                                                |                                     | 7+ Days                             |
| If there is a washing machine, is it connected to a separate gray water disposal system? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Is the dwelling free of additional gray water systems?                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Is the dwelling free of a garbage disposal systems?                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Is the dwelling free of sump pump discharges to the system?                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Is the dwelling free of any historical sewage back ups into the structure?               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Does all sewage enter the septic system and no type of sewage bypass exits?              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

## Septic Tank Pumping

|                                      | Yes                      | No                       |
|--------------------------------------|--------------------------|--------------------------|
| Is the septic tank pumped regularly? | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequency:                           | unknown                  |                          |
| Date of last pumping:                | unknown                  |                          |

## Comments:

A septic file or as-built was not reviewed at the time of inspection. All information was obtained from the real estate listing or from information provided to Ever-Green at the time of inspection. An abandoned discharge was observed during the inspection.

Ever-Green recommends contacting the local Health Department to ensure the system which it was connected to was abandoned to proper standards.

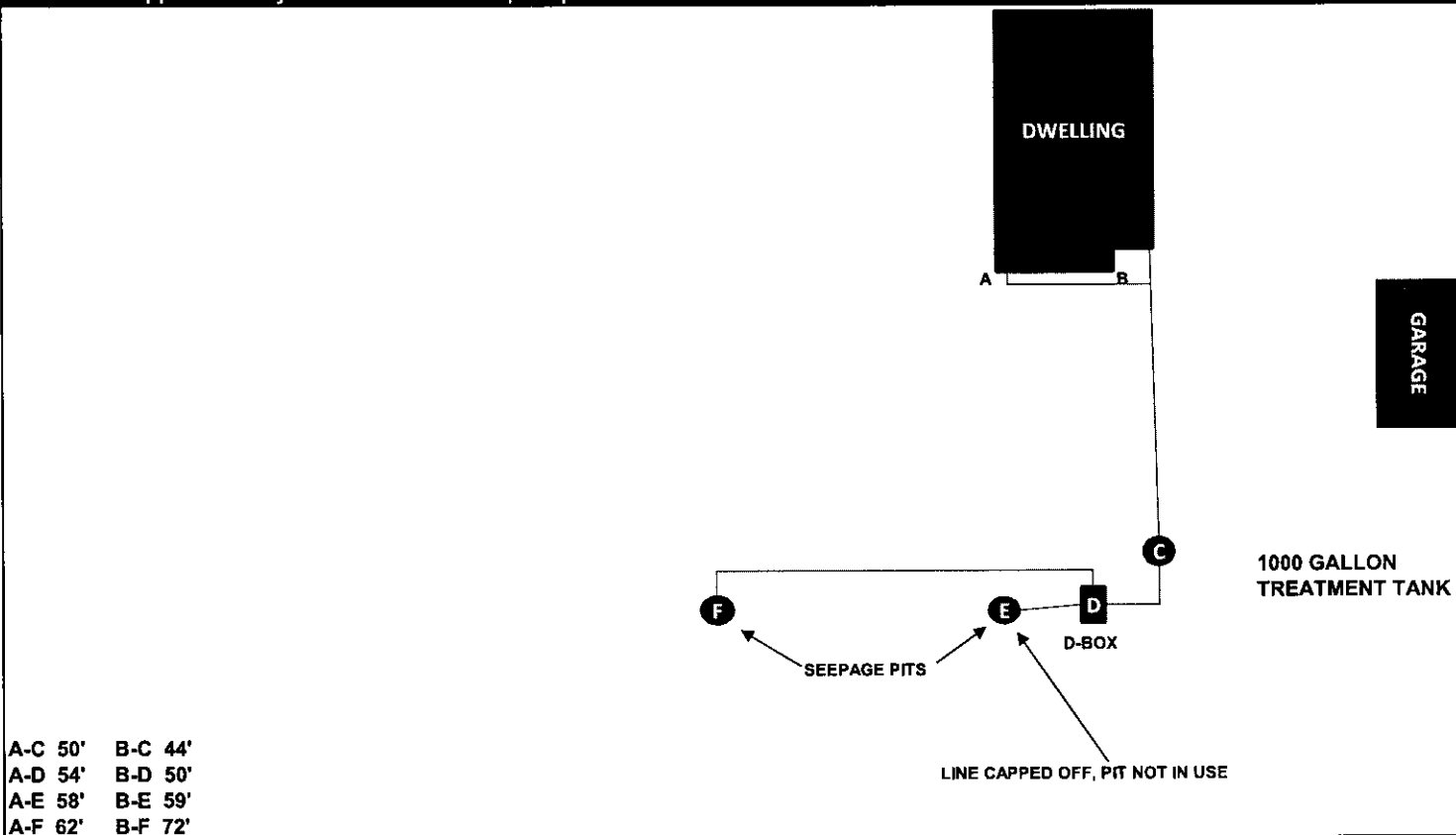


| Treatment Tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |                          | Yes                                                                                                  | No                                  |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
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| <b>Type of system being inspected :</b><br><input type="checkbox"/> Cesspool <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Gray Water<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Multi-compartment: # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                     |                          | Main tank lid opened for inspection?                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     |                          | Liquid level below the tank's outlet invert?                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     |                          | Treatment tank pumped for this inspection?                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| Name the material of the system :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                          | Are all portions of the tank(s) clear of structures like a deck or a drive way ?                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Steel<br><input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                          | Is the area clear of evidence that sewage has surfaced above the treatment tank?                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| Approximate Treatment Tank Volume: <span style="border: 1px solid black; padding: 0 20px;">1000</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                     |                          | Does water flow unimpeded from the treatment tank?                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| Evaluate the condition of the tank below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                          | Is an effluent filter a part of the system?                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| Comments refer to both tanks.<br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;">Satisfactory</th> <th style="width: 15%; text-align: center;">Unsatisfactory</th> <th style="width: 30%; text-align: center;">N/A</th> </tr> </thead> <tbody> <tr> <td>Top and Lids</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Inlet baffle</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Outlet Baffle</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Cracks or Leaks</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Sewage Flow from structure</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> |                                     |                                     |                          |                                                                                                      | Satisfactory                        | Unsatisfactory                      | N/A | Top and Lids | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inlet baffle | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outlet Baffle | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cracks or Leaks | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sewage Flow from structure | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If yes, does it appear properly maintained? | N/A | N/A |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Satisfactory                        | Unsatisfactory                      | N/A                      |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| Top and Lids                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| Inlet baffle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| Outlet Baffle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| Cracks or Leaks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| Sewage Flow from structure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     |                          | Depth to top of tank: <span style="border: 1px solid black; padding: 0 20px;">12</span> inches       |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     |                          | Depth to top of tank access: <span style="border: 1px solid black; padding: 0 20px;">0</span> inches |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| <b>Comments:</b><br><div style="border: 1px solid black; padding: 5px;">           The liquid level was observed five feet below the outlet invert. This is indicative of a leaking tank. Root intrusion observed inside tank.         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     |                          |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| Absorption Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     |                          |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| Name the type of absorption system?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                          |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| <input type="checkbox"/> Disposal bed <input type="checkbox"/> Seepage pit <input type="checkbox"/> Cesspool <input type="checkbox"/> Disposal trench <input type="checkbox"/> Mounded<br><input checked="" type="checkbox"/> Other: <span style="border: 1px solid black; padding: 0 50px;">2 seepage pits, 1 not in use</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                     |                          |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| Was the absorption system located? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    If no explain: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| Are the inspection ports present ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If yes how many ? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                          |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| Were the inspection ports checked ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                          |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| Was a separate probe dug in the absorption area to confirm the observations in the inspection ports ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                     |                          |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| Is the area of the absorption system free of sewage odors ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     |                          |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| Does sewage flow from the treatment tank to the absorption system without flowing back ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                          |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| Is the area above or near any of the system components free from visible signs of effluent or sewage ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     |                          |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| Are the areas at or near the inlet invert of any absorption area component free from visible signs of sewage or effluent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| Are areas above or near system components free of lush vegetation ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                     |                          |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| If exposed, is the distribution box in satisfactory condition ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                     |                          |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| If not satisfactory please explain why: <span style="border: 1px solid black; padding: 0 50px;">Cracking and deterioration observed in d-box.</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                          |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| Is the area directly over any part of the absorption system free of any evidence of large objects ( cars, pools, etc. ) ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     |                          |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |
| <b>Comments:</b><br><div style="border: 1px solid black; padding: 5px;">           During the inspection the treatment tank was opened and evaluated. The tank was found to be deteriorating with two small holes present. It appears that the tank has a ground water leak from the seam. The d-box was opened and evaluated. The d-box was found to be deteriorating and the line connected to seepage pit E was found to be capped off. The camera was run into the conveyance line from the treatment tank and to pit F which were found to be operational.         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                      |                                     |                                     |     |              |                                     |                          |                          |              |                                     |                          |                          |               |                                     |                          |                          |                 |                          |                                     |                          |                            |                                     |                          |                          |                                             |     |     |





Sketch the approximate system location in this space provided:



#### Dosing or Pump Tank

|                                             | Yes                      | No                                  | N/A                                 |
|---------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| Does the system contain a pump tank ?       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Is the pump operating ?                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Do the alarm (s) on the pump work ?         | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Is the pump elevated above the tank floor ? | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Is the lid in satisfactory condition ?      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Is the tank in satisfactory condition ?     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Is the tank free of accumulated solids ?    | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

#### Summary

|                                                 | Satisfactory             | Satisfactory with concerns | Unsatisfactory                      | Requires additional investigation   | N/A                      |
|-------------------------------------------------|--------------------------|----------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Condition of treatment tank (s)                 | <input type="checkbox"/> | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Condition of the conveyance and pump system (s) | <input type="checkbox"/> | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Condition of the absorption area (s)            | <input type="checkbox"/> | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Condition of any accessory components           | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

#### Comments:

The access lid for pit E was opened. The riser was not water tight and root intrusion was observed in the pit. No standing water was observed in the pit at the time of inspection. Pit F was opened and no standing liquid was observed. Approximately 650 gallons of water was introduced into the pits and no rise in liquid level was noted. A two day hydraulic load test was recommended due to the vacancy of the dwelling. The customer declined the load test and a release form was signed. See cover letter for additional.

