

Appendix A - System Installation Form

In accordance with the technology approval, or each new or replacement installation, Massachusetts installers of Advanced Enviro-Septic® (AES), Enviro-Septic® (ES) and Simple-Septic® (SS) systems must complete and fax or mail a copy of this form to the local approving authority and to:

Presby Environmental, Inc.
 143 Airport Road
 Whitefield, NH 03598
 Fax: (603) 837-9864

Installer's Name:		
Company Name:		
Street Address:		
City:	State:	Zip:
Property Owner:		
Site Street Address:		
City:	State:	Zip:
System Type (<i>circle one</i>): New Construction or Replacement	Design Flow:	
Installation Date:	System Startup Date:	
Permit Number:	Model (<i>circle one</i>): AES AES w/Treatment ES SS	
Comments:		

Appendix B

Advanced Enviro-Septic[®], Enviro-Septic[®] and Simple-Septic[®] Wastewater Treatment System Technology Checklist

Purpose This technology checklist is to be completed by an operator trained by Presby Environmental, Inc. to inspect AES, ES and SS wastewater treatment systems.

Notes:

For AES, ES and SS: The MassDEP's Alternative Technology Approval does not require inspections of single family homes over that required for conventional Title 5 systems. In some cases Systems 2,000 GPD or greater require annual inspections. Also inspections are typically required when property is transferred. See the Alt. SAS Standard Conditions. Operator should check with Board of Health for any local inspection requirements.

For AES with Treatment: For AES Alt. SAS with Treatment Systems, MassDEP requires that the first 50 Systems installed must be inspected, sampled for BOD5/TSS and complete Field Testing at least twice per year for three (3) years. After each System completes this three year period, monitoring may be reduced to annual Field Testing. See Technology Approval Special Conditions and the Alternative SAS Standard Conditions at the MassDEP website for details. Operator should check with Board of Health for any local inspection requirements.

Form Submittal A completed copy of this checklist and the DEP Approved Inspection and O&M Form for Title 5 I/A Treatment and Disposal Systems must be submitted to the local approving authority and Presby Environmental (143 Airport Road, Whitefield NH 03598; can also be faxed to Presby at (603) 837-9864).

Copies of the inspection forms shall be submitted by January 30th for remedial systems inspected during the prior year and by September 31st for general use systems.

Any required sampling and test results should accompany this completed checklist.

**Advanced Enviro-Septic[®], Enviro-Septic[®] and Simple-Septic[®]
Wastewater Treatment System Technology Checklist**

- Model Type (*circle one*): AES AES with Treatment ES SS
1. Facility Owner: _____
 2. Facility Address: _____
 3. Installation Date: _____ Previous Inspection Date: _____
 4. Date of Inspection: _____
 5. Residential: # of Bedrooms: _____ /Commercial Design Flow _____ GPD
 6. Inspection Port Locations: _____

 7. Other (Explain): _____

Inspection Data (Complete all fields)

8. Is daily flow within the system design flow? Yes No If no, explain: _____

9. Does the owner verify the system use as described above? Yes No
If no, explain: _____
10. Septic tank last inspection date: _____ Inspector: _____
11. Septic tank last pumped on: _____ Pumping recommended? Yes No
12. Condition of the soil absorption system: (wet/dry/firm/soft/vegetative/other): _____

13. Any evidence of storm water flows/erosion over the septic system?: Yes No
If yes, explain: _____
14. Is there evidence of soil slump or compaction by traffic or other means in the vicinity of the soil absorption system? Yes No If yes, describe: _____

15. Is effluent visible through the inspection port?: Yes No If yes, describe the condition and the fluid level: _____

16. Are solids visible through the inspection port?: Yes No If yes, describe the condition and depth of solids: _____

17. Is there evidence of surcharging or effluent ponding in the D-Box?: Yes No
If yes, describe and measure: _____

18. Are the system vents in place?: Yes No If no, describe: _____

19. Describe any other pertinent issues: _____

System Pump Inspection Data (If applicable)

20. Pump Chamber?: Yes No Condition: _____

21. Pumps Inspected: Yes No Number of Pumps: _____

22. Condition of Pumps: _____

23. System Alarms: Yes No N/A

24. Condition of Alarms: _____

25. Date of Last Alarm Test: _____

Certification

Inspected by: _____

Date: _____

Time: _____

I certify: I have inspected the sewage treatment and disposal system at the address above, have completed this report, and the information reported is true, accurate, and complete as of the time of the inspection.

Signature of

Inspector: _____