

Appendix B

Enviro-Septic[®] Wastewater Treatment System Technology Checklist

Purpose This technology checklist is to be completed by an operator trained by Presby Environmental, Inc., to inspect Enviro-Septic[®] wastewater treatment systems.

Note: The Department's technology approval requires all Enviro-Septic[®] systems to be inspected annually.

Submit copies to the local authority and the DEP 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 the Department. 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.

DEP address Mail a copy of this checklist to

Department of Environmental Protection
Title 5 I/A Program
One Winter Street, 6th Floor
Boston, Massachusetts 02108

1. Facility Owner: _____
 2. Facility Address: _____
 3. Installation Date: _____ Previous Inspection Date: _____
 4. Date of Inspection: _____
 5. Residential Number of Bedrooms: _____ /Commercial Design Flow _____ GPD
 6. Observation 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: _____
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10. Septic tank last inspection date: _____ Inspected by: _____
11. Septic tank last pumped date: _____ Is pumping recommended? Yes No
12. Condition of the soil absorption system: (wet/dry/firm/soft/vegetative/other) _____
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13. Is there evidence of storm water flows or 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: _____
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15. Is effluent visible through the observation port? Yes No If yes, describe the condition and the fluid level: _____
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16. Are solids visible through the observation port?: Yes No If yes, describe the condition and depth of solids: _____
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17. Is there evidence of surcharging or effluent ponding in the D-Box?: Yes No
If yes, describe and measure: _____
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18. Are the system vents in place?: Yes No If no, describe: _____
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19. Describe any other pertinent issues: _____
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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: _____

Inspected by: _____
Date: _____
Time: _____
Signature of Inspector: _____

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.