

**TOWAMENCIN TOWNSHIP
ON-LOT SEWAGE MANAGEMENT PROGRAM
ROUTINE INSPECTION REPORT**

Submit completed report & pumping receipts by mail or email to:

Towamencin Township
1090 Troxel Road
Lansdale, PA 19446

Email: info@towamencin.org

Phone: 215-368-7602

Property Owner Name (print) _____

Information: Phone (req.) _____ Email _____

Address: _____

Date of Inspection: _____ Property Address (if different from above) _____

Inspector/Pumper Name (print) _____

Information: Company _____

PSMA Cert. No. _____ MCHD License No. _____

Signature (req.) _____

This report is to be used **ONLY** for inspections that occur at least once **every three (3) years** following the initial inspection. The information in this report is intended solely for Towamencin Township SMP and does not warrant or guarantee the proper functioning of the on-lot system. The Property Owner and the Inspector attest that all information in this report is true and accurate to the best of their knowledge.

A. Treatment tank(s) type ☐ Septic Tank ☐ Cesspool ☐ Aerobic Tank ☐ Holding Tank ☐ Other _____

B. Tank lid structurally sound, with no evident leaks or cracks? ☐ Yes ☐ No

| | | | | |
|--------------------|----------------|------------------------------|-----------------------------|------------------------------|
| C. Baffles intact? | Inlet: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| | Outlet: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

D. Effluent filter? ☐ Yes ☐ No

E. Depth of scum and sludge greater than 1/3 liquid depth of tank? ☐ Yes ☐ No

F. Was the liquid depth above the outlet pipe at the time of inspection? ☐ Yes ☐ No

| | | |
|---|------------------------------|-------------------------------|
| G. System pumped during Inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No | Quantity (gal): _____ | Date: _____ |
| Hauler Name: _____ | | MCHD License No: _____ |

H. Treatment tank structurally sound, with no evident leaks or cracks? ☐ Yes ☐ No

I. Absorption area backflow into tank during pumping? ☐ Yes ☐ No

J. **Does greywater discharge to the ground surface?** ☐ Yes ☐ No

| | | | |
|--|------------------------------|-----------------------------|------------------------------|
| K. Lift/ dosing tank structurally sound? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| L. Lift/ dosing tank pump functioning? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| M. Lift/ dosing tank alarm functioning? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| N. If exposed, are distribution box outlets level? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

O. Observations/ General Condition of Absorption System/ Disposal Area:

- | | | |
|---|--|--|
| <input type="checkbox"/> Water Ponding or Surfacing | <input type="checkbox"/> Open Pipe Discharge | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Wet/ Spongy Areas | <input type="checkbox"/> Green Lush Grass | |

Comments & recommendations (continue on back): _____

Comments & recommendations (continued):