**MARION COUNTY ENVIRONMENTAL HEALTH DEPARTMENT**

**PRIVATE SEWAGE SYSTEM INSPECTION REPORT**

**SUBSURFACE PEAT/COCO FILTER SYSTEM**

|  |  |  |
| --- | --- | --- |
| GENERAL INFORMATION | | |
| Owner: | Contractor: | |
| Address: | Inspector: | |
| Inspection Date: | Approved | Disapproved |

S = Satisfactory U = Unsatisfactory NA = Not Applicable

|  |  |  |  |
| --- | --- | --- | --- |
| S U NA | SITE PREPARATION | |  |
| Sewer Permit | | No: | |
| Percolation/Soil Test | | No: | |
| System Exposed for Inspection | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| S U NA | SETBACKS | |  |
| Minimum Setbacks to Closed / Open Portions of Septic System: | | | |
| Private Water Well | | 50’ / 100’ | |
| Shallow Public Water Well | | 200’ / 400’ | |
| Deep Public Water Well | | 100’ / 200’ | |
| Heat Pump Borehole | | 50’ / 100’ | |
| Lake or Reservoir | | 50’ / 100’ | |
| Stream or Pond | | 25’ / 25’ | |
| Edge of Drainage Ditch | | 10’ / 10’ | |
| Dwelling or Other Structure | | 10’ / 10’ | |
| Property Lines | | 10’ / 10’ (Unless an easement is signed and recorded.) | |
| Other Subsurface Treatment Systems | | 5’ / 10’ | |
| Water Line under Pressure | | 10’ / 10’ | |
| Suction Water Line | | 50’ / 100’ | |
| Foundation Drain or Subsurface Tiles | | 10’ / 10’ | |

|  |  |  |  |
| --- | --- | --- | --- |
| S U NA | SEWER PIPE FROM BUILDING TO PRIMARY TREATMENT | |  |
| Min. Setback to Wells | | Private Wells 10’ / Public Wells 25’ | |
| Material | | Sch. 40 Plastic Pipe (or SDR 26 or Stronger) or Cast Iron | |
| Cleanouts | | At building, every 100’, and each change of direction > 45°. | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S U NA | | PRIMARY TREATMENT – SEPTIC TANK | | | |  | |
| Gallon Capacity | 1000 | | 1250 | 1500 | 2000 | | Other: |
| Watertight Material | Concrete | | | Fiberglass | | | Plastic (ribbed const) |
| Manufacturer |  | | | | | | |
| Compartments | At least 2 compartments or 2 tanks in series. | | | | | | |
| Influent Compartment | 1/2 to 2/3 of total tank capacity. | | | | | | |
| Effluent Compartment | 1/3 to 1/2 of total tank capacity. | | | | | | |
| Inlet | 2” to 4” higher than outlet. | | | | | | |
| Baffles | 4” diameter schedule 40 plastic tees. | | | | | | |
| Effluent Screen | Meets NSF Standard 46 or equivalent. | | | | | | |
| Watertight Risers | Min. 18” diameter at or above ground surface. | | | | | | |
| Inlet/Outlet Connections | Self-sealing gaskets formed or cast into tank material. | | | | | | |
| Schedule 40 Pipe | At least 5’ past outlet and 2’ past disturbed ground. | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S U NA | | DOSING SYSTEMS | | |  |
| Type | Pump | | Siphon | Other: | |
| Watertight Pit | At least 24” in diameter. | | | | |
| Watertight Riser | With tight-fitting cover at or above ground level. | | | | |
| Pump | Submersible pump of corrosion-resistant material. | | | | |
| Pressure Line Size | Not smaller than outlet of pump it serves. | | | | |
| Pressure Line Drainage | Drains between dosing or buried below frost level. | | | | |
| High Water Alarm | Visual or audio alarm to alert of high water in pit. | | | | |
| Electrical Connections | No connections located inside pump pit. | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S U NA | SUBSURFACE PEAT/COCO FILTER | | | | | |  | | |
| Filter Beds | Single | | | | Double | | |  | |
| Type | Gravity | | | | Siphon-Dosed | | | Pressure-Dosed | |
| Size | Minimum Required:       gpd | | | | | Installed:       gpd | | | |
| Brand Name/Manufacturer | | Brand Name: | | | | Manufacturer: | | | |
| Model & Serial Numbers | Model #: | | | | | Serial #: | | | |
| Signed Maintenance Contract | | | Maintenance Provider: | | | | | |  |
| Installed per Manufacturer Specifications | | | |  | | | | | |

This report and the corresponding permit indicate the condition of the above-mentioned private sewage system at the time of inspection. To the best of my knowledge, all of the listed local and state ordinances have been adhered to. This does not guarantee the future condition or proper function of the system.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspector Date