

Rhode Island Recommended
SEPTIC SYSTEM
FUNCTIONAL INSPECTION REPORT¹

as described in
Septic System Checkup:
The Rhode Island Handbook for Inspection

Inspection Date: _____

CLIENT INFORMATION

Client's Name _____ Phone # _____
 Inspection Street Address & Town _____

INSPECTOR INFORMATION

Inspector's Name _____
 Company _____ Phone # _____
 Street Address & Town _____

IMPORTANT NOTICE

This inspection report indicates the present condition of the system based on state-recommended inspection procedures, *but is in no way a guarantee or warranty of future performance.* The inspection report excludes and does not intend to cover components that are concealed or are otherwise not observable. Dry wells are not included in this inspection.

HOMEOWNER/OCCUPANT RECORDS & DATA, As Available (chapter 2)²

Information collected pursuant to this section is to be provided voluntarily and at the discretion of the property owner. The property owner is solely responsible for record and data accuracy and completeness. The inspector assumes no responsibility for the accuracy of information provided by the property owner.

Indicate whether the following information was made available during the inspection. Attach copies of available records. If the property owner states that any of the following services were not provided—or in the case of application records that the system was installed prior to regulations (1968) — indicate not applicable (N/A). If the property owner states that partial records were provided, indicate "partial."

Source of Records & Data

Records and data were given to the inspector by:
 _____ Property owner _____ Realtor _____ Other _____

Application Records

| Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Applications for septic system (inclusive of new systems, alteration, repairs). Indicate the number of each: _____ New system _____ Alteration _____ Repairs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certificate of construction |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certificate of conformance |

Use Records

| Yes | No | N/A | Partial | |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Last two septage pumping bills |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water bills for the last 12-24 months |

Maintenance Records

| Yes | No | N/A | Partial | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maintenance inspection reports |

Resident Data

During the last 12 months, the inspected residence housed _____ year-round occupants
 Plat Number _____ Lot Number _____

1. The Functional Inspection Report is primarily intended for inspection as part of a property transfer or sale.
 2. Chapter and section numbers refer to *Septic System Checkup: The Rhode Island Handbook for Inspection*.

IN-HOME PLUMBING EVALUATION (chapter 3)

Information reported in this section may in part be based on homeowner records and data. The inspector assumes no responsibility for inaccurate records or data.

Wastewater Routing (section 3.1)

| | | | |
|--------------------------|--------------------------|--------------------------|--|
| Yes | No | Inconclusive | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All grey and black water plumbing is routed to the ISDS. Comments: _____ |

Occupancy/Water Use (section 3.2)

| | | | |
|--------------------------|--------------------------|--------------------------|--|
| Yes | No | Inconclusive | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water records and owner data show water use is over 75 gallons per person per day (GPD), indicating high usage or potential plumbing problems. ____ gallons were used by ____ occupants during ____ months. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current occupancy is estimated to be over 2 occupants per bedroom, which may be stressful to the system. Owner data indicates there were ____ live-in occupants during previous ____ months. Based on in-home observations, there are ____ bedrooms. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A garbage disposal is routed to the septic system and may place an added burden on it (section 6.1.3). |

Leak Diagnosis (section 3.3)

The following fixtures were found and inspected (indicate #): ____ toilets ____ bathtub faucets ____ basin faucets ____ showerheads

| | | | |
|--------------------------|--------------------------|--------------------------|---|
| Yes | No | Inconclusive | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A water treatment appliance backflushes to the septic system. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There is evidence of plumbing leakage from: toilet, basin faucet, bathtub faucet, showerhead or water treatment appliance. (Circle one or more of the aforementioned.) Indicate floor and room: _____ |

SYSTEM COMPONENT EVALUATION (chapters 1 and 5)

Type of septic system (section 1.2): Single Cesspool Conventional septic tank system Other _____

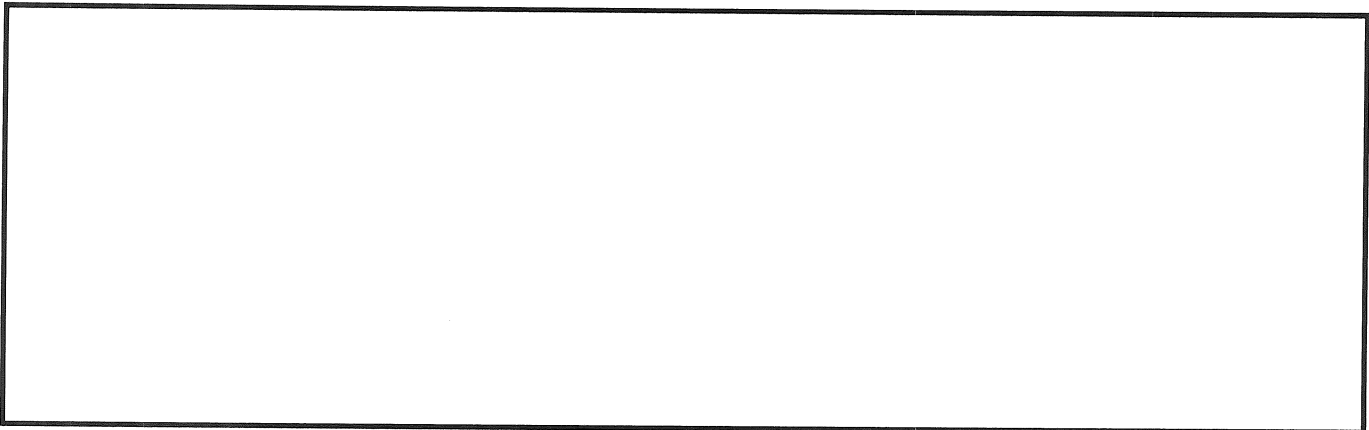
Type of tank, if present (section 1.2.2): Concrete Metal Other _____

Indicate if any of the following components or accessories are present:

____ ISDS effluent pump ____ D-box handhole ____ Effluent filter ____ In-door lift pump ____ Other _____

Access to the system (diagram below or attach existing drawings): At grade Below grade

- a. Outline approximate shape of the house, indicate front (F) and back (B).
- b. Use swing-tie measurements to indicate the manhole (main access) of the septic tank, if buried.
- c. Sketch in septic tank and other components as well as important surface features that may help to locate parts of the system.



Cesspools, before pumpout and dye tracing (section 5.3)

| | | | |
|--------------------------|--------------------------|--------------------------|---|
| Yes | No | Not Observable | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There is evidence of structural damage (section 5.3.1 and 5.3.2). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There may be an overflow, second cesspool, soil absorption system, or other outlet from the cesspool. Dye tracing is recommended (section 5.3.3). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There is standing water in the cesspool above the invert (section 5.3.1). |

Septic Tank, before pumpout, flow trial and dye tracing (section 5.1)

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| Yes | No | Not Observable | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There is evidence of structural damage to the baffles, tees or superstructure of the tank (circle one or more)(section 5.1.8). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Based on visual observations, sewage or septage may bypass the soil absorption system via a pipe or other conveyance. If a flow trial is being done, dye tracing should also be done (section 5.6.1). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flowage was seen or heard coming from the inlet even though all known water-use appliances/fixtures in the home are off. This condition may indicate in-home plumbing leakage (section 5.1.8). See also "In-Home Plumbing Evaluation" (chapter 3). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scum and sludge layer thickness measurements were taken. Scum is ___ ins. and sludge is ___ ins. Indicate the appropriate "Recommended Action" in the Pumpout Guidelines table which follows (section 5.1.2). |

Pumpout Guidelines for Conventional Systems (Table 5.1a)

| Solids 48 inch depth tank | | Recommended Action |
|---|--|---|
| Depth Criteria | Nonstandard depth tank | |
| Combined solids < 16 inches | Combined solids < 1/3 flow depth | Pump at owners discretion. Consider setting a new Maintenance Inspection Schedule (see section 6.5 "Evaluation of Inspection Schedules." |
| Combined solids = 16 - 34 inches | Combined solids = 1/3 - 3/4 flow depth | Pump the tank and re-inspect as per section 6.5 "Evaluation of Inspection Schedules." |
| Either: Combined solids > 34 inches, Sludge > 26 inches, or Scum > 11 inches | Either: Combined solids > 3/4 flow depth, Sludge > 1/2 flow depth, or Scum 1/5 flow depth | Pump the tank and consider a system analysis by a licensed designer. A new inspection schedule, which accounts for system capacity and use, should be set by the licensed designer. |

SITE OBSERVATIONS (section 5.4)

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| Yes | No | Inconclusive | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Impermeable surface such as concrete, asphalt, or brick is located approximately over the soil absorption system. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There are one or more of the following signs of system malfunction present: ___ Septic odors ___ Ponding or wastewater breakout ___ Burnt out grass or ground staining over the soil absorption system (only indicate if one or more other signs are present). ___ Patches of lush green grass over the soil absorption system (only indicate if one or other signs are present). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trees, large shrubs or other plants with extensive root systems were observed in the vicinity (10 feet as per Rule 11.06(2) of the ISDS Regulations) of the soil absorption system. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Heavy objects (e.g. cars or pools); or evidence from such objects (e.g. tracks and impressions) are in the vicinity (i.e. directly over) of the soil absorption system. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stormwater, sump pumps, foundation drains or roof runoff is diverted to flow into the septic system. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | An apparent cave-in or exposed component was identified. A flow trial is not recommended. |

FLOW TRIAL AND DYE TRACING (section 5.5 and 5.6)

Flow trial (75 gals/bdrm. @ 5 - 10 gpm with less than 2 inch rise in septic tank fluid level (section 5.5))

Indicate one of the following:

- Preliminary evaluation indicates that a flow trial should be performed at the septic tank outlet for any of the following reasons (indicate one or more; section 5.5.1):
 Excessive depth of septic tank solids Structural damage No solids depths measured and no pumpout in over three years
- Flow trial shows the system accepted ___ gals. over ___ mins. (flow trial volumes are approximates), which is:
 At least 75 gals/bdrm. Is less than 75 gals/bdrm.
- Flow trial results were inconclusive for the following reasons (section 5.6.1): _____

Dye tracing, when indicated (section 5.6)

Indicate one of the following:

- Dye tracing was not done, as no potential system bypasses were identified (sections 5.6.1 and 5.6.2).
- Potential bypass(es) was/were identified but no dye tracing was performed for the following reasons (sections 5.6.1 and 5.5.1): _____

- Dye tracing was performed as ___ potential system bypasses had been identified. Dye tracing results were as follows:
 No bypasses were confirmed.
 ___ bypasses were confirmed originating from inside the home and ___ bypasses were confirmed that originate outside the home.
 Describe where bypasses originate and terminate: _____

RESULTS & RECOMMENDATIONS

Results:

Inspection revealed (indicate one or more of the following):

- System functions properly.
- System is substandard or has substandard components. (Note reason(s) for indicating this on comment line below. Substandard systems may include, but are not limited to, cesspools, metal tanks, round tanks, undersized systems, and improper setbacks.)
- Structural damage to the system (such as cracks in the septic tank or a soil absorption system cave-in).
- Excessive wastewater backup in the soil absorption system.
- Plumbing leaks or wastewater routing problems in the home.
- Need for system maintenance.
- Due to the condition of the system or lack of information, the inspection results are inconclusive.

Comments: _____

The system was last inspected or pumped on _____ (indicate date or N/A if there is no knowledge of previous maintenance) based on:
 Pumping bill Inspection report Other _____

Recommendations:

Indicate one or more of the following:

- Further evaluation by a repair professional is recommended.
- System upgrade should be considered.
- Evaluation by a plumber is recommended.
- Pumping and completion of the inspection is recommended.

Indicate one of the following (chapter 6)

- Based on this inspection, the recommended maintenance interval is ___ (years) and should occur on _____ (date).
- The system should receive further evaluation before a next inspection is scheduled.

Standard Inspection Schedules for Single-Family Residences on Conventional Systems (section 6.1.1)

| Tank Size (gallons) | Household Occupancy | | | |
|---------------------|---------------------|-----|------------------|------|
| | 1-4 | 4-6 | 6-8 | 10 → |
| 1000 | 5 | 3 | Undersized Tanks | |
| 1250 | 5 | 4 | | |
| 1500 | 5 | 5 | 4 | 3 |

Please note: Substandard systems such as cesspools and systems with metal or undersized tanks should be on 1-3 year schedules, as should rental and seasonal properties. Innovative and alternative system should be scheduled based on DEM requirements.

Adjusted Inspection Schedules for Conventional Systems (section 6.5)

| Combined Solids Accumulation 48 inch tank | nonstandard depth tank | System Pumped 3 Years Ago | System Pumped 4 Years Ago | System Pumped 5 Years Ago |
|--|------------------------|------------------------------|------------------------------|------------------------------|
| 30"- 34" | 3/5- 3/4 of flow depth | System Analysis Required | | 3 years |
| 26"- 30" | 1/2- 3/5 of flow depth | | | 3 years |
| 21"- 26" | 2/5- 1/2 of flow depth | 3 years | 4 years | 5 years |
| 16"- 21" | 1/3- 2/5 of flow depth | 4 years | 5 years | 5 years |
| < 16" | < 1/3 of flow depth | 5 years | 5 years | 5 years |

INSPECTOR SIGNATURE

Inspector's Name (printed or typed)

Inspector's Signature