

INSPECTION FIELD PROCEDURE CHECKLIST

NAWT Onsite Wastewater Treatment System Checklist

Client: BUYER ☐ SELLER ☐ REALTOR ☐ OTHER ☐

Site Location

Billing Information:

Lock Box: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Directions: _____

Cross Street or Landmark: _____

Township/County: _____ Agent: _____

Inspection Date: _____ Inspection time: _____

Call for Locate: _____ Date & Time _____ Call for Locate Clear: _____ Date & Time _____

General System Information

Site Condition: _____ Weather: _____

Age of Structure: _____ Age of system: _____ Permit provided: Yes ☐ No ☐

of bedrooms: _____ # of Gallons/Day _____ Calculated # of Gallons/Day _____

Occupied: Yes ☐ No ☐ Length of vacancy: _____ (Weeks/Months)

of Current Occupants: _____ # of Prospective Occupants: _____

Is this a 2nd opinion inspection? () Yes () No Date of Previous Inspection: _____Garbage disposal: Yes ☐ No ☐ Greywater discharge to other than OWTs: Yes ☐ No ☐Water Softener: Yes ☐ No ☐ Discharge to OWTs: Yes ☐ No ☐ Salt Add: Yes ☐ No ☐Repairs to OWTs: Yes ☐ No ☐ Homeowner: Yes ☐ No ☐ Contractor: Yes ☐ No ☐Has there been soil fracturing in the past 30 days/12 months: Yes ☐ No ☐

Date of last pumping: _____ Pumping frequency: _____

Repairs to OWTs: Yes ☐ No ☐ Homeowner: Yes ☐ No ☐ Contractor: Yes ☐ No ☐

Maintenance Provider: _____ Repair Contractor: _____

Dwelling: Single Family ☐ Duplex ☐ Multi Family ☐ Community ☐ Commercial ☐

	Summary of Inspection Components			Needs More Investigation	N/A
	Acceptable	Acceptable w/Concerns	Unacceptable		
Initial/Advanced(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector's Name: _____

NAWT Certification #: _____

Signature: _____

Date: _____