

## NAWT Onsite Wastewater Treatment System Checklist

### Final Treatment Component

STA or Unit # \_\_\_\_\_ of \_\_\_\_\_

#### Type of Final Treatment:

( ) In-ground Bed	x	(approx size/sq ft)
( ) Trenches	x	(approx size/sq ft)
( ) At-grade/Mound	x	(approx size/sq ft)
( ) Seepage Pit	x	(approx size)
( ) Cesspool	x	(approx size)
( ) Sub-Surface Sand Filter	x	(approx size/sq ft)
( ) Filters	x	(approx size/sq ft)
( ) Constructed Wetlands	x	(approx size/sq ft)
( ) Drip	x	(approx size/sq ft)
( ) Spray Irrigation	x	(approx size/sq ft)
( ) Other: _____	x	(approx size/sq ft)

Disinfection:	Acceptable	Acceptable w/Concerns	Unacceptable	Needs more Investigation	N/A
Chlorine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultraviolet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Type of "Dry Aggregate":

SSSF ☐    ESM ☐    No Sand ☐    Gravelless ☐

How much total "dry aggregate" in the treatment area? \_\_\_\_\_

How much "dry aggregate" in the treatment area? \_\_\_\_\_

If a seepage pit/cesspool, distance from inlet to liquid level? \_\_\_\_\_

How many gallons of void space? \_\_\_\_\_

Are there visible signs of sewage above or near <b>any</b> system component?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lush vegetation in area of final treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Portion of treatment system inaccessible or under a structure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there signs of previous failure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evidence of <b>UNEVEN</b> distribution in the final treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the greywater discharge other than into the system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Use the back of the sheet for more comments or explanations

Use one form for each Final Treatment Component

Utilize and/or Provide copies of any proprietary component inspection checklist if available

## Onsite Wastewater Treatment System Inspection Standards

Was a hydraulic load test performed on the soil treatment area? Yes ☐ No ☐

Yes ☐ No ☐

If yes, a hydraulic load test form should be filled out completely and attached.

## Overall

**Condition of:**

**Acceptable**

**Acceptable**

**w/Concerns**

## Unacceptable

## Needs more

## Investigation

N/A

## Final Treatment

3

5

5

5

5

Comments or Explanation of any rating other than "Acceptable": \_\_\_\_\_

[illegible]

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