

## NAWT Onsite Wastewater Treatment System Checklist

### Initial and Advanced Treatment Component

Treatment Tank or Unit # \_\_\_\_\_ of \_\_\_\_\_

Depth to access port/lid: \_\_\_\_\_

Depth to top of tank: \_\_\_\_\_

Tank Type:	Measurements (L x W x H)	Capacity	# of Compartments	Material
( ) Septic tank:	_____ x _____ x _____	_____	_____	( ) Concrete
( ) Trash:	_____ x _____ x _____	_____	_____	( ) Steel
( ) Aerobic:	_____ x _____ x _____	_____	_____	( ) Block
( ) Holding:	_____ x _____ x _____	_____	_____	( ) Other
( ) Dosing/Lift:	_____ x _____ x _____	_____	_____	
( ) Advanced:	_____ x _____ x _____	_____	_____	
( ) Other:	_____ x _____ x _____	_____	_____	

#### Volume of tanks

Gallons in tank: Round: (D" x D" / 292.5) x H" Rectangular: (L" x W" / 231) x H" (D, L, W, H in inches)

Condition of:	Acceptable	Acceptable w/Concerns	Unacceptable	Needs more Investigation	N/A
Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Top and Lids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation Port(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inlet Tee/Baffle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outlet Tee/Baffle/Filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pump/Siphon/Flout (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pump/Siphon/Flout (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Float Tree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check valve/Purge hole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pump elevated off floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If any item is checked other than "Acceptable" explain in comments**

Liquid level: Correct operating level Yes ☐ No ☐

Above Invert of Outlet ☐ Below Invert of Outlet ☐

Cracks or leaks: Yes ☐ No ☐ Location: \_\_\_\_\_

Sludge level First Compartment: \_\_\_\_\_ Second Compartment: \_\_\_\_\_

Scum layer First Compartment: \_\_\_\_\_ Second Compartment: \_\_\_\_\_

*Use the back of the sheet for more comments or explanations  
Use one form for each Treatment Tank or Advanced Treatment Component  
Utilize and/or Provide copies of any proprietary component inspection checklist if available*

Effluent Filter Present:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Good Condition:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Event Counter (1): _____			Elapsed Time Reading (1): _____		
Event Counter (2): _____			Elapsed Time Reading (2): _____		
Means to disconnect power?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Effluent Alarm Present:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Working?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Alarm on separate circuit?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do any flushes from the home NOT enter the treatment tank?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Was the treatment tank pumped during this inspection?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If tank pumped is there flow back from the next component or final treatment?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Accumulated solids found in pump chamber?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Problems recorded from past service?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Infiltration of surface water?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any portions of treatment tank inaccessible?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If so, why: _____					
Is there evidence of sewage surfacing above the treatment tank?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

[illegible]

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