Town of Northumberland

SEPTIC INSPECTION FORM

Name: _____ Permit # _____

Site Address: _____ SBL # _____

_____

Phone _____ - Cell _____

Installers Name: _____ Engineer Name: _____

Address: _____ _____

_____ _____

Phone _____ - Cell _____ Phone _____ - Cell _____

Time and Date of Inspection: _____ Weather: _____

1. Site – Conditions map supplied: _____
2. Pipe Connection Sealed. House _____ Tank: _____ Length of Pipe Min. 10' : _____
3. Pitch of Pipe Min. ¼ to Tank: _____Tank on Aggregate & Level: _____ Sch. Of Pipe _____
4. Tank Source: _____ Depth _____ Gallon _____
5. Baffle inlet: Concrete ☐ / Sanitary T ☐ Outlet: Concrete ☐ / Sanitary T ☐
6. D-Box Type: _____ # of Outlets: _____ Speed Levelers_____
7. Baffle Concrete: _____ / Plastic ____ Length of Tank: _____ D-Box Level: _____
8. Pipe Network #of Lines: _____ Length: _____

   Stone beneath pipe: _____ Pipe Pitch ¼ to1/32: _____ Stone over pipe: _____

   Silt Barrier used: Geo-Tex: _____ Untreated Paper: _____ 4" Hay: _____

   Trench Depth: _____ End Caps: _____ Trench Separation: _____

   E-Z Flow: _____ Infiltrators: _____ # of Units in Line: _____

Revised 8/20/2007