

O'Brien County Public Health
Time of Transfer INSPECTION CHECKLIST

1. Time of Transfer Inspected By: _____ Date _____

2. Location Address: _____ City: _____

Record Search Date _____ Who contacted: County/Service Provider/Homeowner /Records Found: Yes No
 attached: Yes No If records, verified Yes No If no records, as built drawing provided Yes No

Have arrangements been made to pump the tank: Yes No Date: _____ Time: _____

Site Considerations

Description	Comments
Topography	
Drainage Ways	
Terraces	
Floodplain	
Percent of Land Slope	
Property Lines	
Location of easements	
Buried Utilities	
Existing & proposed tile lines	
Existing, Proposed, Abandoned Wells	
Available Area of Installation	
Evidence of Unstable Ground	
Alteration of existing soil profile	
Soil analysis	
Percolation test	
Minimum Distances	

Separation Distances

Description	Closed Portion of System	Comment	Open Portion of System	Comment
Private Water Supply	50		100	
Public Water Supply	200		200	
Groundwater heat pump bore hole	50		100	
Lake or reservoir	50		100	
Stream or Pond (1 acre or less)	25		25	
Edge of drainage ditch	10		10	
Dwelling or other structure	10		10	
Property Lines (w/o easement)	10		10	
Other type subsurface treatment	5		10	
Water lines under pressure	10		10	
Suction water lines	50		100	
Foundation drains or tiles	10		10	

Septic Tank Components

Tank dimensions: W _____ x L _____ x D _____ = _____ gallons

Sludge depth (inlet) _____ inches (outlet) _____ inches

Scum Thickness (inlet) _____ inches (outlet) _____ inches

Lid: How many _____ Come to the surface Yes No Condition (good / cracked / water tight)

Baffle/Divider: Yes No Condition (good / cracked / leaking)

Inlet T/Pipe: Yes No Condition _____ Outlet T/Pipe: Yes No Condition _____

Effluent filter: Yes No Condition: clogged Yes No

Evidence of higher than normal operation liquid level Yes No

Evidence of continual flow Yes No

Evidence of liquid level lower than normal operation Yes No

All house waste drain lines are plumbed into septic tank Yes No _____

All tank components are accessible from inspection port Yes No

Risers securely fastened to the tank Yes No Cleanout between house and tank Yes No

Surface water diverted away Yes No

Soil Absorption Area

Probed area: Y/N _____ Signs of Failure _____

Are there depressions in soil Yes No Odors coming from the field Yes No

Excessive/uneven vegetative growth Yes No Clear of Debris Yes No (brush piles)

Past signs of discharge Yes No (black areas, lack of vegetation)

Tracer Dye used: Yes No Findings: _____

Did effluent or dye surface in the soil absorption field Yes No

Did effluent or dye surface from the discharge pipe Yes No

Hydraulic Loading Conducted Yes No Observed operation of all pumps, filters, and floats Yes No

Color of the liquid: _____ Liquid Level _____

Evidence of liquid entering tank: _____ Solids hanging on components _____

Pumped tank and refilled with water Yes No _____

Water in tank exceeded normal levels Yes No Water backed into house Yes No

Water made it to the Dbox Yes No Water in pump tank/chamber showed excessive turbulence Y/N

Water backed into the tank from lateral lines Y/N Obstructions from wastewater flow were observed Y/N

Distribution box Yes No

Baffles or tee's at the inlet Yes No Condition (good, cracked, clogged)

Outlet covers for unused openings Yes No Condition (good, cracked, missing)

Speed levelers for openings Yes No Condition (Good, clogged, falling out or missing)

Dosing System None _____ pump size Condition of tank/vault _____

Water tight pump pit Yes No Vented pump pit Yes No

Lid/riser condition (sound / cracked / leakage) Access locked Y/N

Size of vent pipe: _____ height (min 6") _____ diameter (1 1/4" w/bend)

Size of pump pit (not less than 24") _____ Cover at grade level Yes No

Pump protected from frost and settled sludge Yes No

Pump dosing setting : _____ (approx. 2x per day based on max design flow)

Electrical connections in pit Yes No Weatherproof box Yes No Corrosion Yes No

Pressure line size: _____ (pressure line to the pump to discharge shall not be smaller than outlet of the pump it serves)

High water alarm Yes No Visual Yes _____ No Auditory Yes No

Discharge to a distribution box Yes No Pump cycles when float raised Yes No

Odors present Yes No