

**WESTTOWN TOWNSHIP
SEWAGE MANAGEMENT PROGRAM (SMP)
-ROUTINE INSPECTION REPORT-**

Submit Completed Report Forms by Mail, Email, or Fax to:

Westtown Township
P.O. Box 79
Westtown, PA 19395

Email: tdecaro@westtown.org
Fax: 610.692.9651
Phone: 610.692.1930

Property Owner Name (print) _____
Information: Signature (req) _____
Phone (req) _____ Email _____

Inspector/ Pumper Name (print) _____
Information: Company _____
PSMA Cert. No. _____ CCHD License No. _____

Address: _____

Date of Inspection _____ UPI No: 67 - _____ - _____

This report is to be used ONLY for inspections that occur at least once every three (3) years subsequent to the initial inspection. The information in this report is intended solely for Westtown Township SMP and does not warrant or guarantee the proper functioning of the on-lot system. The Property Owner and the Inspector attest that all information in this report is true and accurate to the best of their knowledge.

- A. Tank lid structurally sound, with no evident leaks or cracks? Yes No
- B. Tank structurally sound, with no evident leaks or cracks? Yes No
- C. Baffles intact? Inlet: Yes No N/A Outlet: Yes No N/A
- D. Effluent filter? Yes No
- E. Depth of scum and sludge greater than 1/3 liquid depth of tank? Yes No
- F. Was the liquid depth above the outlet pipe at the time of inspection? Yes No
- G. Lift tank structurally sound with satisfactory pump functions/ connections? Yes No N/A
- H. Absorption area backflow into tank during pumping? Yes No
- I. System pumped during Inspection? Yes No Quantity (gal): _____ Date: _____
- J. Does greywater discharge to the ground surface? Yes No
- K. Results of Probing & General Observations of Absorption Area (Select **ALL** that apply):
 Some Dry Aggregate Effluent to Top of Aggregate Green Lush Grass Wet/ Spongy Areas
 Water Ponding or Surfacing Open Pipe Discharge None of the Above
- L. Additional comments & Recommendations: _____