WESTTOWN TOWNSHIP
SEWAGE MANAGEMENT PROGRAM (SMP)
ROUTINE INSPECTION REPORT

Submit completed report & pumping receipts by mail, email, or fax to:
Westtown Township
P.O. Box 79
Westtown, PA 19395
Email: smp@westtown.org
Fax: 610.692.9651
Phone: 610.692.1930

Property Owner
Name (print)_________________________
Information:
Phone (req.) ________________________ Email ________________________
Address: ____________________________

Date of Inspection: __________________
UPI No: 67- _______ - ________

Inspector/Pumper
Name (print)_________________________
Information:
Company __________________________
PSMA Cert. No. ________________________ CCHD License No. __________
Signature (req.) ______________________

This report is to be used ONLY for inspections that occur at least once every three (3) years following 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. Treatment tank(s) type
☐ Septic Tank ☐ Cesspool ☐ Aerobic Tank ☐ Holding Tank ☐ Other___________

B. Tank lid 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. System pumped during Inspection?
☐ Yes ☐ No
Quantity (gal): ____________ Date: ____________

Hauler Name: ____________________________ CCHD License No: ____________

H. Treatment tank structurally sound, with no evident leaks or cracks?
☐ Yes ☐ No

I. Absorption area backflow into tank during pumping?
☐ Yes ☐ No

J. Does greywater discharge to the ground surface?
☐ Yes ☐ No

K. Lift/ dosing tank structurally sound?
☐ Yes ☐ No ☐ N/A

L. Lift/ dosing tank pump functioning?
☐ Yes ☐ No ☐ N/A

M. Lift/ dosing tank alarm functioning?
☐ Yes ☐ No ☐ N/A

N. If exposed, are distribution box outlets level?
☐ Yes ☐ No ☐ N/A

O. Observations/ General Condition of Absorption System/ Disposal Area:
☐ Water Ponding or Surfacing ☐ Open Pipe Discharge ☐ None of the above
☐ Wet/ Spongy Areas ☐ Green Lush Grass

Comments & recommendations (continue on back):

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Rev.1.6 -- 12/18/2017
Comments & recommendations (continued):

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