

**WESTTOWN TOWNSHIP**  
**INITIAL ON-LOT SEWAGE DISPOSAL SYSTEM INSPECTION REPORT**

*Submit Completed Reports by Mail, Email, or Fax To:*

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

Email: [tdecaro@westtown.org](mailto:tdecaro@westtown.org)  
Fax: 610.692.9651  
Phone: 610.692.1930

Property Owner Information: Name (print) \_\_\_\_\_  
Signature (required) \_\_\_\_\_  
Telephone Number (required) \_\_\_\_\_  
Email Address (optional) \_\_\_\_\_

Inspector Information: Name (print) \_\_\_\_\_  
PSMA/NOF Certification No. \_\_\_\_\_  
Company \_\_\_\_\_  
Signature (required) \_\_\_\_\_

Date Inspection Completed: \_\_\_\_\_

**The results of this inspection are intended solely for Westtown Township's On-Lot Sewage Management Program and are not suitable for any other purpose, including real estate transactions. This inspection does not warranty or guarantee the proper functioning of the on-lot system for any period of time. By signing above, the Property owner and the Inspector each attest that all information provided in this report is true and accurate to the best of his or her knowledge.**

**SECTION 1. GENERAL INFORMATION AND TYPE OF SEWAGE SYSTEM**

A. Address: \_\_\_\_\_

B. Parcel Identification (UPI No.): 67 - \_\_\_\_\_ - \_\_\_\_\_

C. Chester County Health Department Permit?  Yes (attach copy)  No  Unknown  
If Yes, Repair or New?  Repair  New

D. PADEP Permit?  Yes (attach copy)  No

E. Existing sewage maintenance agreement?  Yes (attach copy)  No

F. Sewage system constructed prior to May 15, 1972?  Yes  No  Unknown

If unknown, approximate date of construction: \_\_\_\_\_

G. Property use:  Residential  Non-residential

H. If Residential, No. of Bedrooms:  1-3  4  5  >5

I. Water Supply:  Private Well  Public  Both

J. Garbage Disposal?  Yes  No

K. Bull Run Valve?  Yes  No

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**SECTION 1. GENERAL INFORMATION AND TYPE OF SEWAGE SYSTEM (CONTINUED)**

L. TREATMENT TANK(S)

1. Type:  Septic Tank  Cesspool  Aerobic Tank  Holding Tank  
 Other \_\_\_\_\_

2. Total capacity:  <900 gallons  900-1,249 gallons  
 1,250-1,499 gallons  1,500 gallons or more

3. Depth to primary tank access:  1' or less  > 1'

M. AUXILIARY TREATMENT UNITS

1. Filtration unit?  Yes  No

2. If yes:  Peat  Buried Sand  Free Access  
 Other \_\_\_\_\_

3. Disinfection?  Yes  No

N. Lift/Dosing Tank?:  Yes  No

O. DISPOSAL AREA

1. Type:  Inground Seepage Bed  
 Inground Seepage Trenches  
 Elevated Sand Mound  
 Individual Residential Spray Irrigation System (IRSIS)  
 Drip Irrigation  
 Other Alternate System – type: \_\_\_\_\_  
 Experimental System – type: \_\_\_\_\_  
 Cesspool or Seepage Pit  
 N/A (Holding Tank)

2. Approx. total square footage of absorption area: \_\_\_\_\_

N/A (No soil absorption area)

**SECTION 2. INITIAL INSPECTION INFORMATION**

(COMPLETE ALL INFORMATION APPLICABLE TO SEWAGE SYSTEM TYPE IDENTIFIED ABOVE)

A. GENERAL

1. Weather Conditions last 24 hours:  Dry  Rain  Snow

2. Date of last pumping: \_\_\_\_\_

3. Does greywater discharge to ground surface?  Yes  No

4. Is the residence/building currently occupied?  Yes  No

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**SECTION 2. INITIAL INSPECTION INFORMATION (CONTINUED)**

**B. TREATMENT TANKS AND PUMPING**

1. Baffles intact? Inlet:  Yes  No  N/A (Cesspool, holding tank, etc.) Outlet:  Yes  No
2. Effluent filter?  Yes  No
3. Tank lid structurally sound, with no evident leaks or cracks?  Yes  No
4. Depth of scum and sludge greater than 1/3 liquid depth of tank?  Yes  No  N/A
5. Surface water (drainage swale, roof drain, sump pump, etc.) directed over tank?  Yes  No
6. Was the liquid depth above the outlet pipe at the time of inspection?  Yes  No

**If any components are not visible at the time of inspection resulting from the liquid level being above the outlet pipe, pumping is required in order to complete the initial inspection**

7. Was the tank pumped during the inspection?  Yes  No
8. **If pumped, ATTACH RECEIPT** from Chester County Licensed Liquid Waste Hauler and complete the following:

- a. Absorption area backflow into tank during pumping?  Yes  No  N/A
- b. Tank structurally sound, with no evident leaks or cracks?  Yes  No  N/A
- c. Quantity pumped (gallons): \_\_\_\_\_
- d. Date of pumping: \_\_\_\_\_
- e. Chester County Health Department (CCHD) Licensed Liquid Waste Hauler Name (print):  
\_\_\_\_\_
- f. CCHD License No. \_\_\_\_\_

8. Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. AUXILIARY TREATMENT UNITS**

If present, comments: \_\_\_\_\_  
\_\_\_\_\_

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**SECTION 2. INITIAL INSPECTION INFORMATION (CONTINUED)**

**D. HOLDING/LIFT/DOSING TANKS**

- 1. Tank structurally sound, with no evident leaks or cracks?  Yes  No  N/A
- 2. Tank access at grade?  Yes  No  N/A
- 3. Pump Functioning?  Yes  No  N/A
- 4. Alarm Functioning?  Yes  No  N/A
- 5. Electrical Connections satisfactory?  Yes  No  N/A
- 6. Surface water (drainage swale, roof drain, sump pump, etc.) directed over tank?  
 Yes  No  N/A

7. Additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**E. DISPOSAL AREA**

- 1. Results of Soil Absorption System Probing:  N/A (No aggregate-based absorption area)

	<u>Bed</u>	<u>Trenches</u>			
		T1	T2	T3	T4
Some dry aggregate	<input type="checkbox"/>				
Effluent to top of aggregate	<input type="checkbox"/>				
Effluent to ground surface	<input type="checkbox"/>				

- 2. If exposed, are distribution box outlets level?  Yes  No  N/A
- 3. Surface water (drainage swale, roof drain, sump pump, etc.) directed over absorption area?  
 Yes  No

- 4. General Observations & Condition of Absorption/ Disposal Area (Select **ALL** that apply):

- Green Lush Grass  Wetness or Spongy Areas  Water Ponding or Surfacing
- Open Pipe Discharge  None of the Above

5. Additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**SECTION 2. INITIAL INSPECTION INFORMATION (CONTINUED)**

F. MAINTENANCE RECOMMENDATIONS (Where not indicated by previous information)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

G. REPAIR RECOMMENDATIONS (Where not indicated by previous information)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

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**SECTION 2. INITIAL INSPECTION INFORMATION (CONTINUED)**

H. SITE DRAWING

Show approximate locations of property lines, structures, driveway, well(s), treatment tanks, dosing tanks, and absorption area (may attach CCHD permit plot plan or as-built plan in lieu of drawing).

