## **DISCHARGE SYSTEM INSTALLATION INSPECTION**

**HEALTH DEPT. ID #:**

**TAX MAP #:**

**OWNER’S NAME:**

**911 ADDRESS:**

**HEALTH DEPT. INSPECTION-** (Date)

**RESULT OF INSPECTION-**(Satisfactory/Unsatisfactory/Corrections needed)

**Comments-**

**A) LOCATION OF TREATMENT UNIT- DISCHARGE LINE (adequate setback requirements met)** (Yes/No)

**Comments-**

**B) PUMP CONTROL PANEL-**

**1) Within 15’ of treatment unit-** (Yes/No/NA)

**2) Manual override switch provided-** Yes/No/NA)

**C) AUDIO/VISUAL ALARM PROVIDED-** **(**Yes/No/NA)

**1)** **On separate circuit from pump-** (Yes/No/NA)

**2) Located in an inhabited portion of residence-** (Yes/No/NA)

**3) Alarm designed to detect aerator failure-** (Yes/No/NA)

**4) Alarm detects high water levels-** (Yes/No/NA)

**D) POST AERATION DEVICE USED-** (Yes/No)

**E) SIGN POSTED WITHIN 3’ OF DISCHARGE POINT WITH LETTERING 1” (min.) HIGH AND PLAINLY VISIBLE AT A DISTANCE OF 25’- (Sign must read “This pipe carries treated sewage effluent and is not suitable for human consumption. This system is owned by [full name of owner] and is maintained by [name and phone number of maintenance provider].”)-** (Yes/No)

**CONTRACTOR COMPLETION STATEMENT RECEIVED-** (Date)

**ENGINEER’S COMPLETION STATEMENT or LETTER**-      (Date)

**OPERATOR IDENTIFIED-**(Name)

**All requirements met for Operation Permit to be issued-** (Yes/No)

**Environmental Health Specialist-**(Date)