

Rhode Island Recommended
SEPTIC SYSTEM
FIRST MAINTENANCE INSPECTION REPORT¹

as described in
Septic System Checkup:
The Rhode Island Handbook for Inspection

Inspection Date: _____

CLIENT INFORMATION	
Client's Name _____	Phone # _____
Inspection Street Address & Town _____	

INSPECTOR INFORMATION	
Inspector's Name _____	
Company _____	Phone # _____
Street Address & Town _____	

IMPORTANT NOTICE

This inspection report indicates the present condition of the system based on state-recommended inspection procedures, *but is in no way a guarantee or warranty of future performance.* The inspection report excludes and does not intend to cover components that are concealed or are otherwise not observable. Dry wells are not included in this inspection.

HOMEOWNER/OCCUPANT RECORDS & DATA, As Available (see chapter 2)²

Information collected pursuant to this section is to be provided voluntarily and at the discretion of the property owner. The property owner is solely responsible for record and data accuracy and completeness. The inspector assumes no responsibility for the accuracy of information provided by the property owner.

Indicate whether the following information was made available during the inspection. Attach copies of available records. If the property owner states that any of the following services were not provided—or in the case of application records that the system was installed prior to regulations (1968) — indicate not applicable (N/A). If the property owner states that partial records were provided, indicate "partial."

Application Records

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applications for septic system (inclusive of new systems, alteration, repairs). Indicate the number of each: _____ New system _____ Alteration _____ Repair
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate of construction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate of conformance

Maintenance and Inspection Records

Yes	No	N/A	Partial	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last septage pumping bill
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last maintenance or home inspection report

1. The Home Inspection Report is primarily intended for inspection as part of a property transfer or sale. For information on reports for use during other inspection circumstances, refer to *Septic System Checkup: The Rhode Island Handbook for Inspection*.
2. Chapter and Section numbers refer to *Septic System Checkup*.

SYSTEM COMPONENT EVALUATION (chapters 1 and 5)

Type of septic system (section 1.2): Single Cesspool Conventional septic tank system Other _____

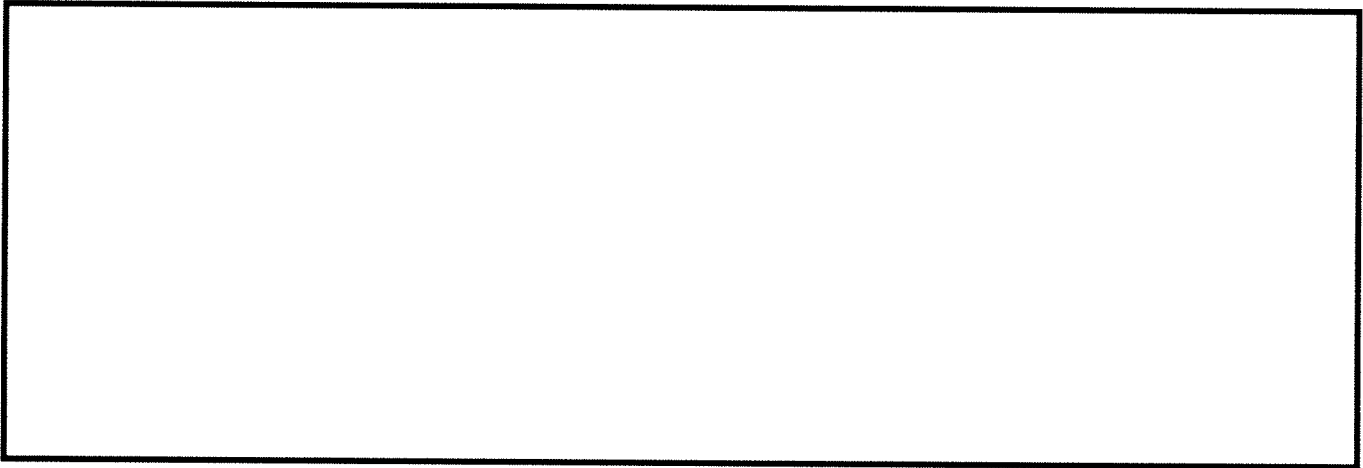
Type of tank, if present (section 1.2.2): Concrete Metal Other _____

Indicate if any of the following components or accessories are present:

ISDS effluent pump D-box handhole Effluent filter In-door lift pump Other _____

Access to the system (diagram below or attach existing drawings): At grade Below grade

- a. Outline approximate shape of the house, indicate front (F) and back (B).
- b. Use swing-tie measurements to indicate the manhole (main access) of the septic tank, if buried.
- c. Sketch in septic tank and other components as well as important surface features that may help to locate parts of the system.



Cesspools, before pumpout (section 5.3)

- | Yes | No | Not Observable | |
|--------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There is evidence of structural damage (section 5.3.1 and 5.3.2). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There may be an overflow, second cesspool, soil absorption system, or other outlet from the cesspool. Dye tracing is recommended (section 5.3.3). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There is standing water in the cesspool above the invert (section 5.3.1). |

Septic Tank, before pumpout (section 5.1)

- | Yes | No | Not Observable | |
|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There is evidence of structural damage to the baffles, tees or superstructure of the tank (circle one or more) (section 5.1.8). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Based on visual observations, sewage or septage may bypass the soil absorption system via a pipe or other conveyance. If a flow trial is being done, dye tracing should also be done (section 5.6.1). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flowage was seen or heard coming from the inlet even though all known water-use appliances/fixtures in the home are off. This condition may indicate in-home plumbing leakage (section 5.1.8). Performing an in-home evaluation should be considered (chapter 3). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scum and sludge layer thickness measurements were taken. Scum is ___ ins. and sludge is ___ ins. Indicate the appropriate "Recommended Action" in the Pumpout Guidelines table which follows (section 5.1.2). |

Pumpout Guidelines for Conventional Systems (Table 5.1a)

Solids 48 inch depth tank		Recommended Action
Depth Criteria	Nonstandard depth tank	
Combined solids < 16 inches	Combined solids < 1/3 flow depth	Pump at owners discretion. Consider setting a new Maintenance Inspection Schedule (see section 6.5 "Evaluation of Inspection Schedules.")
Combined solids = 16 - 34 inches	Combined solids = 1/3 - 3/4 flow depth	Pump the tank and re-inspect as per section 6.5 "Evaluation of Inspection Schedules."
Either: Combined solids > 34 inches, Sludge > 26 inches, or Scum > 11 inches	Either: Combined solids > 3/4 flow depth, Sludge > 1/2 flow depth, or Scum 1/5 flow depth	Pump the tank and consider a system analysis by a licensed designer. A new inspection schedule, which accounts for system capacity and use, should be set by the licensed designer.

SITE OBSERVATIONS (section 5.4)

- | | | | |
|--------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes | No | Inconclusive | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Impermeable surface such as concrete, asphalt, or brick is located approximately over the soil absorption system. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There are one or more of the following signs of system malfunction present:
___ Septic odors
___ Ponding or wastewater breakout
___ Burnt out grass or ground staining over the soil absorption system (only indicate if one or more other signs are present).
___ Patches of lush green grass over the soil absorption system (only indicate if one or other signs are present). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trees, large shrubs or other plants with extensive root systems were observed in the vicinity (10 feet as per Rule 11.06(2) of the ISDS Regulations) of the soil absorption system. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Heavy objects (e.g. cars or pools); or evidence from such objects (e.g. tracks and impressions) are in the vicinity (i.e. directly over) of the soil absorption system. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stormwater, sump pumps, foundation drains or roof runoff is diverted to flow into the septic system. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | An apparent cave-in or exposed component was identified. A flow trial is not recommended. |

RESULTS & RECOMMENDATIONS

Results:

Inspection revealed (indicate one or more of the following):

- ___ System functions properly.
- ___ System is substandard or has substandard components. (Note reason(s) for indicating this on comment line below. Substandard systems may include, but are not limited to, cesspools, metal tanks, round tanks, undersized systems, and improper setbacks.)
- ___ Structural damage to the system (such as cracks in the septic tank or a soil absorption system cave-in).
- ___ Excessive wastewater backup in the soil absorption system.
- ___ Need for system maintenance.
- ___ Due to the condition of the system or lack of information, the inspection results are inconclusive.

Comments: _____

The system was last inspected or pumped on _____ (indicate date or N/A if there is no knowledge of previous maintenance) based on:
 ___ Pumping bill ___ Inspection report ___ Other _____

Recommendations:

- Indicate one or more of the following:
- ___ Further evaluation by a repair professional is recommended.
 - ___ System upgrade should be considered.
 - ___ Evaluation by a plumber is recommended.
 - ___ Pumping and completion of the inspection is recommended.

Indicate one of the following:

- ___ Based on this inspection, the recommended maintenance interval is ___ (years) and should occur on _____ (date) (sections 6.1. and 6.5).
- ___ The system should receive further evaluation before a next inspection is scheduled.

Standard Inspection Schedules for Single-Family Residences on Conventional Systems (section 6.1.1)

Tank Size	Household Occupancy			
	1-4	4-6	6-8	10 →
1000	5	3	Undersized Tanks	
1250	5	4		
1500	5	5	4	3

Please note: Substandard systems, such as cesspools and systems with metal or undersized tanks, should be on 1-3 year schedules, as should rental and seasonal properties. Innovative and alternative system should be scheduled based on DEM requirements.

Adjusted Inspection Schedules for Conventional Systems (section 6.5)

Combined Solids Accumulation		System Pumped	System Pumped	System Pumped
48 inch tank	nonstandard depth tank	3 Years Ago	4 Years Ago	5 Years Ago
30"- 34"	3/5- 3/4 of flow depth	System Analysis Required		3 years
26"- 30"	1/2- 3/5 of flow depth			3 years
21"- 26"	2/5- 1/2 of flow depth	3 years	4 years	5 years
16"- 21"	1/3- 2/5 of flow depth	4 years	5 years	5 years
<16"	< 1/3 of flow depth	5 years	5 years	5 years

INSPECTOR SIGNATURE

Inspector's Name (printed or typed)

Inspector's Signature

Rhode Island Recommended
SEPTIC SYSTEM
ROUTINE MAINTENANCE INSPECTION REPORT¹

as described in
Septic System Checkup:
The Rhode Island Handbook for Inspection

Inspection Date: _____

CLIENT INFORMATION	
Client's Name _____	Phone # _____
Inspection Street Address & Town _____	

INSPECTOR INFORMATION	
Inspector's Name _____	
Company _____	Phone # _____
Street Address & Town _____	

IMPORTANT NOTICE

This inspection report indicates the present condition of the system based on state-recommended inspection procedures, *but is in no way* a guarantee or warranty of future performance. The inspection report excludes and does not intend to cover components that are concealed or are otherwise not observable. Dry wells are not included in this inspection.

HOMEOWNER/OCCUPANT RECORDS & DATA, As Available (see chapter 2)²

Information collected pursuant to this section is to be provided voluntarily and at the discretion of the property owner. The property owner is solely responsible for record and data accuracy and completeness. The inspector assumes no responsibility for the accuracy of information provided by the property owner.

Indicate whether the following information was made available during the inspection. Attach copies of available records. If the property owner states that any of the following services were not provided—or in the case of application records that the system was installed prior to regulations (1968) — indicate not applicable (N/A). If the property owner states that partial records were provided, indicate "partial."

Maintenance and Inspection Records

Yes	No	N/A	Partial	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last septage pumping bills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last maintenance or home inspection report

SYSTEM COMPONENT EVALUATION

Cesspools, before pumpout:

Yes	No	Not Observable	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is evidence of structural damage (section 5.3.1 and 5.3.2).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There may be an overflow, second cesspool, soil absorption system, or other outlet from the cesspool. Dye tracing is recommended (section 5.3.3).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is standing water in the cesspool above the invert (section 5.3.1).

1. The Routine Maintenance Inspection Report is intended for use during a routine maintenance inspection. For information on reports for use during other inspection circumstances, refer to *Septic System Checkup: The Rhode Island Handbook for Inspection*.

2. Chapter and Section numbers refer to *Septic System Checkup*.

Septic Tank, before pumpout

- | | | | |
|--------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes | No | Not Observable | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There is evidence of structural damage to the baffles, tees or superstructure of the tank (circle one or more). A flow trial is not recommended (section 5.1.1 and 5.1.8). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Based on visual observations, sewage or septage may bypass the soil absorption system via a pipe or other conveyance. If a flow trial is being done, dye tracing should also be done (section 5.6.1). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flowage was seen or heard coming from the inlet even though all known water-use appliances/fixtures in the home are off. This condition may indicate in-home plumbing leakage (section 5.1.8). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scum and sludge layer thickness measurements were taken. Scum is ___ ins. and sludge is ___ ins. Indicate the appropriate "Recommended Action" in the Pumpout Guidelines table which follows (section 5.1.2). |

Pumpout Guidelines for Conventional Systems (Table 5.1a)

Solids 48 inch depth tank		Recommended Action
Depth Criteria	Nonstandard depth tank	
Combined solids < 16 inches	Combined solids < 1/3 flow depth	Pump at owners discretion. Consider setting a new Maintenance Inspection Schedule (see section 6.5 "Evaluation of Inspection Schedules."
Combined solids = 16 - 34 inches	Combined solids = 1/3 - 3/4 flow depth	Pump the tank and re-inspect as per section 6.5 "Evaluation of Inspection Schedules."
Either: Combined solids > 34 inches, Sludge > 26 inches, or Scum > 11 inches	Either: Combined solids > 3/4 flow depth, Sludge > 1/2 flow depth, or Scum 1/5 flow depth	Pump the tank and consider a system analysis by a licensed designer. A new inspection schedule, which accounts for system capacity and use, should be set by the licensed designer.

SITE OBSERVATIONS (section 5.4)

- | | | | |
|--------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes | No | Not Observable | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Impermeable surface such as concrete, asphalt or brick is located approximately over the soil absorption system. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There are one or more of the following signs of system malfunction present:
___ Septic odors
___ Ponding or wastewater breakout
___ Burnt out grass or ground staining over the soil absorption system (only indicate if one or more other signs are present).
___ Patches of lush green grass over the soil absorption system (only indicate if one or other signs are present). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trees, large shrubs or other plants with extensive root systems were observed in the vicinity (10 feet as per Rule 11.06(2) of the ISDS Regulations) of the soil absorption system. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Heavy objects (e.g. cars or pools); or evidence from such objects (e.g. tracks and impressions) are in the vicinity (i.e. directly over) of the soil absorption system. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stormwater, sump pumps, foundation drains or roof runoff is diverted to flow into the septic system. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | An apparent cave-in or exposed component was identified. A flow trial is not recommended. |

RESULTS & RECOMMENDATIONS

Results:

- Inspection revealed (indicate one or more of the following):
- ___ System functions properly.
 - ___ Structural damage to the system (such as cracks in the septic tank or a soil absorption system cave-in).
 - ___ Excessive wastewater backup in the soil absorption system is indicated.
 - ___ Need for system maintenance.
 - ___ Due to the condition of the system or lack of information the inspection results are inconclusive.

Comments: _____

The system was last inspected or pumped on _____ (indicate date or N/A if there is no knowledge of previous maintenance) based on:
 Pumping bill Inspection report Other _____

Recommendations

Indicate one or more of the following:

- Further evaluation by a licensed designer is recommended.
- System upgrade should be considered.
- Evaluation by a plumber is recommended.
- Pumping and completion of the inspection is recommended.

Indicate one of the following

- Based on this inspection, the recommended maintenance interval is ____ (years) and should occur on _____ (date).
- The system should receive further evaluation before a next inspection is scheduled.

Standard Inspection Schedules for Single-Family Residences on Conventional Systems (section 6.1)

Tank Size (gallons)	Household Occupancy			
	1-4	4-6	6-8	10 →
1000	5	3	Undersized Tanks	
1250	5	4		
1500	5	5	4	3

Please note: Substandard systems such as cesspools and systems with metal or undersized tanks should be on 1-3 year schedules, as should rental and seasonal properties. Innovative and alternative system should be scheduled based on DEM requirements. To change schedules for systems with nonstandard-depth tank consult handbook.

Adjusted Inspection Schedules for Conventional Systems (section 6.5)

Combined Solids Accumulation		System Pumped 3 Years Ago	System Pumped 4 Years Ago	System Pumped 5 Years Ago
48 inch tank	nonstandard depth tank			
30" - 34"	3/5-3/4 of flow depth	System Analysis Required		3 years
26" - 30"	1/2-3/5 of flow depth		3 years	4 years
2" - 26"	2/5-1/2 of flow depth	3 years	4 years	5 years
16" - 21"	1/3-2/5 of flow depth	4 years	5 years	5 years
< 16"	< 1/3 of flow depth	5 years	5 years	5 years

INSPECTOR SIGNATURE

 Inspector's Name (printed or typed)

 Inspector's Signature