



STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL
GROUND WATER DISCHARGES SECTION
ENGINEER'S INSPECTION REPORT

Dover Office
serving Kent and New Castle Counties
*Tel: (302) 739-9947 * Fax: (302) 739-7764*

Georgetown Office
serving Sussex County
*Tel: (302) 856-4561 * Fax: (302) 856-5088*

PERMIT #: _____ TAX MAP #: _____

AUTH #: _____ PERMITTEE: _____

PROPERTY LOCATION: _____

DESIGNER: _____ LIC #: _____ PHONE #: _____

CONTRACTOR: _____ LIC #: _____ PHONE #: _____

DATE / TIME OF SYSTEM REVIEW: _____

SEPTIC TANK

New _____ Existing _____
 Level _____ yes _____ no
 Size (New) _____ gal.
 Size (Existing) _____ gal.
 Bldg _____ ft. Well _____ ft.
 Watercourse _____ ft.
 Baffles _____ yes _____ no
 Filter _____ yes _____ no
 Risers _____ yes _____ no
 Comments _____

DRAINFIELD

Bed _____ # Trenches _____
 Length of B or T _____ ft.
 Width of B or T _____ ft.
 Depth of B or T _____ in.
 Depth to top of Stone/Chamber _____ in.
 Depth to top of Pipe _____ in.
 Piping Level _____ yes _____ no
 Dams per Plan _____ yes _____ no
 Stone Thickness _____ in.
Isolation Distances
 Bldgs _____ ft. Wells _____ ft.
 Trees _____ ft. Prop Lines _____ ft.
 Easements _____
 Watercourses _____
 Location per Plan _____ yes _____ no
 GPS Points for Drainfield _____
 Comments _____

DOSING TANK

Size _____ gal.
 Inside Dimensions
 L _____ W _____ H _____
 Vent Installed _____ yes _____ no
 Diameter _____ in.
 Height _____ in. above grade
 Pump(s) # _____ Model _____
 Screened _____ yes _____ no
 Check Valve _____ yes _____ no
Electrical
 Alarm Sep. Circuit _____ yes _____ no
 Wiring Complete _____ yes _____ no
 Alarm Loc. _____
 Pressure Tested _____ yes _____ no
 Floats On _____ yes _____ no
 Off _____ yes _____ no
 Alarm _____ yes _____ no
Isolation Distances
 Bldg _____ ft. Well _____ ft.
 Watercourses _____ ft.
 Comments _____

PIPING

Manifold Length _____ ft.
 Manifold Diameter _____ in.
 Trans. Length _____ ft.
 Trans. Diameter _____ in.
 PVC Sch 40 _____ yes _____ no
 # of Laterals _____
 Spacing of Laterals _____ ft.
 # Holes per Lateral _____
 Spacing of Holes _____ in.
 Diameter of Holes _____ in.
 Joints Glued _____ yes _____ no

Comments _____

GENERAL COMMENTS: _____

As-Built Required _____ yes _____ no
 Reason for As-Built _____

CERTIFICATE OF CONSTRUCTION

The undersigned Class E System Contractor hereby attests that all construction specified in the permit and conditions has been completed using accepted construction techniques and installation practices as specified in The Regulations Governing the Design, Installation and Operation of On-Site Wastewater Treatment and Disposal Systems.

 Signature of Class E System Contractor

The Class C Designer (or Designee) has examined all visible on-site wastewater treatment and disposal system components on _____ (dates) _____ and issues this Engineer's Inspection Report in the belief that the system is installed in conformance with the DNREC permit. All observed deviations from this permit are noted on the as-built drawing.

This On-Site Wastewater Treatment and Disposal System substantially conforms to the approved permit conditions: _____ yes _____ no

Class C Designer (or Designee) Signature: _____ Date: _____