



Department of Building Inspection
Office of Wastewater Management

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TOWN of NEW SHOREHAM P.O. Box 220
BLOCK ISLAND, RHODE ISLAND 02807

Date: _____

ISDS Maintenance Inspection Report/Findings

Site History

Plat: _____ Lot-Sub: _____ Fire#: _____ Inspector: _____

Homeowner: _____ Phone (summer): _____

Address: _____ Phone (winter): _____

ISDS Type: Cesspool Septic Tank Advanced Age of System _____ Years

Type of Tank: Metal Concrete Other

Leach Field: Galley Trench Other BSF #Bedrooms: _____ Size of Tank: _____

Water Supply: Private Town Laundry: Y / N Water Filter Backwash: Y / N

Date of Last Inspection: _____ System has been Pumped _____ times in Last 3 Years.

Type of Inspection: Installation / First Maintenance / Repair / Upgrade / Routine

Seasonal: Y / N Real Estate/Caretaker: _____

Field Observations

Date of Last Pumping: _____

Access Risers: Y / N Effluent Filter: Y / N Open/Inspect D-Box: Y / N

Liquid Level in Tank: _____ Inches Sludge Depth _____ Inches Scum Depth _____ Inches

Net Clear _____ Inches Structural Damage to System: Y / N Swing Measurements: Y / N

Flow into tank when all known sources are off: Y / N Pump Chamber: Y / N

System Evaluation / Recommendations

- No Observable System Defects Requires Routine Pumpout Every _____ Years
- Requires Inspection Every _____ Years Maintenance Contract Required
- Minor Repairs or Improvements Needed:
- System Requires Immediate Repairs due to:

Site Sketch:

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.

Form last updated 4/05.

WHITE - OFFICE

YELLOW - HOMEOWNER

PINK - BUILDING DEPT.