

Inspection Issued By: _____

Inspection Reference ID: _____

Domestic Waste Water Treatment System Inspection

This inspection is a review of the operation and performance of a DWWTS on a particular day. Lack of reporting of an area or an issue should not be construed to mean that this area is fully satisfactory.

| Section 1 Inspection, Registration and Property Details | |
|---|---|
| This section of the report identifies details relating to the Inspector, the Inspection, the DWWTS site location and the attached property(s). Information gathered in Section 1 will be used by the WSA for further correspondence with the DWWTS owner(s) if necessary. | |
| Inspector Details | |
| Inspector Name | Inspector ID: |
| Inspector Organisation: | |
| DWWTS Site Details | |
| DWWTS ID: | |
| Irish Grid Easting: | Irish Grid Northing: |
| Townland: | County: |
| Are Location Co-ordinates at DWWTS inlet? | If no, estimated distance (m) to inlet? |
| Water Services Authority | How is Waste Water Disposed of? |
| Potential Risk to Surface Water | Potential Risk to Goundwater |
| Pathogen/MRP | Pathogen/MRP |
| Nitrates | Nitrates |
| GW Vulnerability: | GW Flow Direction (Topographic) |
| Site Description | |
| | |

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| Details of Property(s) connected to DWWTS | | | |
|---|--------------------------------|------------------------------|--|
| Where 2 or more properties are connected to one DWWTS, please use a separate Property Details form for each connected property. | | | |
| (1) Property | | | |
| Owner Name | | | |
| Property Address | | | |
| Owner Correspondence address if different: | | | |
| Townland: | | County: | |
| Is DWWTS Registered? | Yes / No | | |
| If yes, DWWTS Reg. Code: | | DWWTS Reg. Start Date: | |
| Is the property a holiday home? | Yes / No | Resident Population or P.E.: | |
| Any high impact activities? | Yes / No | Activity P.E.: | |
| Description of activities: | | | |
| Total Premises P.E.: | | | |
| Drinking Water Source? (Select one) | Group Water Scheme | | |
| | Mains | | |
| | Private Well | | |
| | Spring | | |
| | Surface Water | | |
| Is drinking water treated? | Yes / No / Undetermined | | |

Section 2 DWWTS Site Characteristics and System Design Details

This section of the report assists the inspector in carrying out a visual assessment of the site prior to assessing compliance of the DWWTS with the legislation. This section will capture DWWTS details and site characteristics.

Site assessment details are a mandatory part of the inspection but do not determine compliance with the legislation.

Information gathered in Section 2 will be generalised and used by the EPA in their environmental assessment reports.

Site Characteristics

| | | |
|--|--|--|
| When was the last significant precipitation? (Select One Option) | On day of inspection | |
| | Day before inspection | |
| | Within 3 days of inspection | |
| | More than 3 days before the inspection | |
| What are the Local Percolation Conditions? (Select One Option) | Good | |
| | Moderate | |
| | Poor | |

| Is there a presence of adverse vegetation (percolation) indicators such as: | Yes | No | Is there a presence of other Adverse Indicators? | Yes | No |
|--|------------|-----------|---|------------|-----------|
| Drainage ditches | | | Excessive Flies or insects | | |
| Lush Grass | | | Evidence of Vermin | | |
| Ponding | | | Visible Rock Outcrops? | | |
| Rough land | | | Presence of Karst features? | | |
| Rushes | | | | | |

| Above any of the system components is there evidence of: | Yes | No |
|---|------------|-----------|
| Cattle paths | | |
| Decking | | |
| Other large objects | | |
| Parking | | |
| Poaching | | |
| Roadways | | |
| Trees | | |

| | |
|---|--|
| What is the regional Groundwater Flow Direction? | |
| Are there any down-gradient wells within 60m? (Y/N/Undetermined) | |
| If Yes, how many? | |
| Site characterisation report available? (Yes / No) | |

Comment on Site Characteristics

| |
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| |
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| System Design & P.E. Details | | | |
|---|--|--|--------------------------|
| What is the System Type? (Select one option) | Septic Tank | | |
| | Secondary | | |
| | Tertiary | | |
| | None | | |
| When was the system installed (Year)? | | What is the System Design P.E.? | |
| Appropriate desludging frequency (in years)? | | Is Contributing P.E. > System Design P.E.? (Yes / No) | |
| What is the system capacity (m3)? | | | |
| System Observations | Yes | No | Undetermined / NA |
| How many chambers does the system have? | | | |
| Has the system been Inspected and maintained within the last 2 yrs? | | | |
| Is there a distribution box present? | | | |
| Is the system operational and the power supply connected? | | | |
| Is there a maintenance contract in place? | | | |
| What is the Infiltration Type? (Multiple Selection) | Soakaway | | |
| | Percolation area | | |
| | Raised Percolation Area (Mound System) | | |
| | Polishing filter | | |
| | Pipe to SW | | |
| | Wetland / Reed Bed | | |
| | Willow bed | | |
| | None | | |
| Is the infiltration area appropriate for current use? (Yes/No/Undetermined) | | | |
| Comments on System Design and P.E | | | |
| | | | |

Section 3. DWWTS Compliance Assessment

This section of the report will assess compliance of the DWWTS and all of its components with the requirements of the Water Services Acts 2007 and 2012 (Domestic Waste Water Treatment Systems) Regulations 2012 and associated Statutory Instruments, in particular S.I. No. 223 of 2012 which refers to the operation and maintenance of DWWTS and Desludging.

| S.I. 223 of 2012 | Is there evidence of an unintended leak or discharge from the following System Components? | Yes | No | N/A |
|---|--|-----|----|-----|
| Section 2(1)a – Leaking components | Tank or System | | | |
| | Inlet Pipes | | | |
| | Outlet Pipes | | | |
| | D-Box | | | |
| | Manhole Covers | | | |
| | Manholes | | | |

Comment on System Components

| |
|--|
| |
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| S.I. 223 of 2012 | Is there evidence of an unlicensed or untreated discharge? | Yes | No | |
|---|--|--------------------------------------|----|--|
| Section 2(1)b – unlicensed or untreated discharge. | Of effluent to surface waters | | | |
| | If yes, what form does it take? (Select One Option) | As discharge direct to SW | | |
| | | As discharge via sub-surface conduit | | |
| | | As discharge via surface conduit | | |
| | Of greywater to surface waters | | | |
| | If yes, what form does it take? (Select One Option) | As discharge direct to SW | | |
| | | As discharge via sub-surface conduit | | |
| | | As discharge via surface conduit | | |
| | Of untreated effluent to groundwater | | | |
| | If yes, what form does it take? (Select One Option) | Going direct to water table | | |
| | | Going to karst feature | | |
| | | Going to bedrock | | |
| Because of insufficient soil depth | | | | |

Comment on unlicensed or untreated discharges

| |
|--|
| |
|--|

| S.I. 223 of 2012 | Is there evidence of an unintended discharge onto the surface of the ground indicated by: | Yes | No |
|---|---|-----|----|
| Section 2(1)c – unintended discharge onto the Surface of the ground. | Wet areas or effluent ponding | | |
| | Erosion or leakage from the infiltration area | | |

Comment on discharge onto surface of the ground

| |
|--|
| |
|--|

| S.I. 223 of 2012 | Is there evidence of uncontaminated water entering the system as: | Yes | No | |
|--|---|-----|----|----|
| Section 2(2) – Roofwater and Surface water runoff | Roofwater runoff | | | |
| | Surface water runoff | | | |
| Comment on excess water entering the system | | | | |
| | | | | |
| S.I. 223 of 2012 | Is there evidence that the system is not well maintained indicated by: | Yes | No | |
| Section 2(3) – Maintenance and Operation | Nuisance Odour | | | |
| | Nuisance Noise | | | |
| Comment on nuisance odour or noise | | | | |
| | | | | |
| S.I. 223 of 2012 | For all systems, is there evidence that the following system components are not fit for purpose, not operational and/or not in good repair so as to pose a risk to human health or the environment? | Yes | No | NA |
| Section 2(3) – Maintenance and Operation | Septic tank or secondary system | | | |
| | Inlet pipes | | | |
| | Outlet pipes | | | |
| | Distribution Box | | | |
| | Manholes | | | |
| | Manhole Covers | | | |
| Comment on system components | | | | |
| | | | | |

| S.I. 223 of 2012 Section 2(3) – Maintenance and Operation | For secondary systems, is there evidence that the following components are not fit for purpose, not operational and/or not in good repair so as to pose a risk | Yes | No | NA | |
|--|--|-----|----|----|--|
| | Air supply pipes | | | | |
| | Pumps | | | | |
| | Pump float switch | | | | |
| | Blowers | | | | |
| | Filter media | | | | |
| | Alarms | | | | |
| | Tertiary | | | | |
| Comment on secondary system components | | | | | |
| | | | | | |
| S.I. 223 of 2012 Section 2(3) – Maintenance and Operation | Section 3. Desludging | Yes | No | | |
| | Is there evidence that the tank or unit has not been desludged appropriately? | | | | |
| | Is there evidence that the level of sludge in the tank or unit shows the need for desludging? | | | | |
| | Who has desludged the system? (Owner or 3rd Party?) | | | | |
| | In the case of a 3rd party, name and contact details | | | | |
| | In the case of a 3rd party, is a desludging receipt available? | | | | |
| | In the case of a 3rd party, is there evidence that the 3rd party is an authorised contractor? | | | | |
| | In the case of owner, is there evidence that sludge was not used for agriculture and spread in such a way as to contravene regulations? | | | | |
| Comment on Desludging | | | | | |
| | | | | | |
| Water Services (Amendment) Act 2012 Section 70H | Section 70C (1b) Is there evidence to show that the system constitutes, or is likely to constitute, a risk to human health or the environment, in particular: | Yes | No | | |
| | To water, air or soil, or to plants and animals? | | | | |
| | Through a noise or odour nuisance? | | | | |
| | By affecting the countryside or places of special interest? | | | | |
| Comment on Section 70H | | | | | |
| | | | | | |

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| Townland: | County: | |
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| If yes, DWWTS Reg. Code: | DWWTS Reg. Start Date: | |
| Is holiday home? | Yes / No | Domestic P.E. (Resident): |
| Any high impact activities? | Yes / No | Activity P.E.: |
| Description of activities: | | |
| Total Premises P.E.: | | |
| Drinking Water Source? (Select one) | Group Water Scheme | |
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