



**Town of South Bristol**  
6500 West Gannett Hill Road  
Naples, NY 14512-9216

*Code Enforcement Office*

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**TO:** All Residents, Realtors, Financial Institutions and Other Interested Parties  
**FROM:** Scott L. Martin, Code Enforcement Officer  
**DATE:** January 4, 2022  
**RE:** Transfer of Real Property Inspection of Existing Residential Wastewater Treatment Systems

The Town of South Bristol adopted a Sanitary Waste Disposal Law §139 on October 12, 1999 incorporating the provisions of the Uniform Procedures Program of the Ontario County Soil and Water Conservation District and the Canandaigua Lake Watershed. The law requires that prior to the transfer of real property, an inspection shall be made of existing wastewater treatment systems.

The inspection shall consist of an inspection of the interior plumbing, septic tank (prior to, during pumping and after pumping), baffles (inlet and outlet), distribution box and leach field. A dye test shall be performed, if warranted, and an assessment made of the physical surroundings.

The inspector will furnish a written report by email to the Town of South Bristol Code Enforcement Office and Canandaigua Lake Watershed Inspector using the attached OTN System Inspection Findings Worksheet, which is to include a site inspection report and sketch of the system with dimensions.

All properties located within the Canandaigua Lake Watershed shall be inspected by a registered OTN inspector.

All properties located outside the Canandaigua Lake Watershed shall be inspected by Ontario County Soil and Water Conservation District (O.C.S.W.C.D.) Technician.

For additional information on services, fees and to arrange for an inspection, please contact:

Tyler Ohle (Reg. #OTN10706)\*  
Canandaigua Lake Watershed Inspector  
585.396.9716  
[tyler.ohle@ontswcd.com](mailto:tyler.ohle@ontswcd.com)

Tad Gerace (Reg. #051OTN10305)\*  
O.C.S.W.C.D. Technician  
585.396.1450  
[tad.gerace@ontswcd.com](mailto:tad.gerace@ontswcd.com)

\*Registered Wastewater Treatment System Inspector through the Onsite Training Network (OTN)

**OTN SYSTEM INSPECTION FINDINGS WORKSHEET**  
**Individual Residential Wastewater Treatment System**

*Complete one worksheet for each wastewater treatment system on the property.  
 Provide property/system sketch (sheet 5), and attach plan(s) of system(s), if available.*

Inspection Conditions \_\_\_\_\_ Inspector \_\_\_\_\_ Date \_\_\_\_\_  
 Tax parcel number \_\_\_\_\_ Temperature: \_\_\_\_\_ °F  
 Weather \_\_\_\_\_  
 Can the inspection be fully completed under existing conditions? \_\_\_\_ yes \_\_\_\_ no,  
 because \_\_\_\_\_

**System Layout**

Distance from house to first system component ( \_\_\_\_\_ ), is \_\_\_\_\_ ft.  
 Distance from septic tank to nearest property line is \_\_\_\_\_ ft.  
 Distance from leach system to nearest property line is \_\_\_\_\_ ft.  
 Distance from property well to septic tank is \_\_\_\_\_ ft, or N/A (Not Applicable) \_\_\_\_\_  
 Distance from property well to leach system is \_\_\_\_\_ ft, or N/A \_\_\_\_\_  
 Distance from neighboring well to leach system is \_\_\_\_\_ ft, N/A \_\_\_\_\_  
 Distance from leach system to surface water is \_\_\_\_\_ ft, or N/A \_\_\_\_\_  
 Distance from leach system to top of slope is \_\_\_\_\_ ft, or N/A \_\_\_\_\_

**Additional Water Well Information (if applicable)**

Depth of water in well (Check one)  
 Aquifer enters water well > 50 feet below grade \_\_\_\_\_  
 Aquifer enters water well < 50 feet below grade \_\_\_\_\_  
 Date of installation of:  
 Well(s) \_\_\_\_\_  
 Septic tank \_\_\_\_\_  
 Leach system \_\_\_\_\_

**Water-Using Appliances (check all that apply)**

	Washing Machine	Discharge to	
➤	Water Softener	Discharge to	
➤	Whirlpool Bath	Discharge to	
➤	Hot Tub	Discharge to	
➤	Garbage Disposal	Discharge to	
➤	Kitchen Drains	Discharge to	
➤	Dishwasher	Discharge to	
➤	Bathroom Fixtures	Discharge to	

**OTN SYSTEM INSPECTION FINDINGS WORKSHEET (cont.)**

➤	Other (auxiliary sinks, Showers, etc.)	Discharge to	
➤		Discharge to	

**Additional Loading**

Check any additional sources that are diverted to the septic system:

\_\_\_ storm water    \_\_\_ sump pumps    \_\_\_ foundation drains    \_\_\_ roof runoff  
 \_\_\_ other (please describe): \_\_\_\_\_

**System Components**

**Holding tank?**    \_\_\_ yes \_\_\_ no; capacity: \_\_\_\_\_ gallons;  
 watertight? \_\_\_ yes \_\_\_ no \_\_\_ unknown;    outlet pipe? \_\_\_ yes \_\_\_ no

**Cesspool?**    \_\_\_ yes \_\_\_ no; capacity: \_\_\_\_\_ gallons; overflow pipe? \_\_\_ yes \_\_\_ no

**Septic tank (s)?**    \_\_\_ yes    \_\_\_ no    Number of tanks \_\_\_\_\_  
 Tank construction material(s):  
 \_\_\_ concrete    \_\_\_ metal    \_\_\_ plastic    \_\_\_ other (\_\_\_\_\_)

**Aerobic system?**    \_\_\_ yes    \_\_\_ no    Type: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_    Model: \_\_\_\_\_

**Other system?**    \_\_\_ yes    \_\_\_ no    Type: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_    Model: \_\_\_\_\_

**Distribution box?**    \_\_\_ yes    \_\_\_ no    Material: \_\_\_\_\_

**Drop boxes?**    \_\_\_ yes    \_\_\_ no    Number of boxes: \_\_\_\_\_

**Soil absorption system**

<i>Type</i>	<i># of lines</i>	<i>total length, ft</i>	<i>how determined</i>
___ Trad. leachfield	_____	_____	_____
___ Leaching bed	_____	_____	_____
___ Raised system	_____	_____	_____
___ Sand filter	_____	_____	_____
___ Mound system	_____	_____	_____
___ Seepage pit (s)	- number: ___ - Approximate size/depth: _____ / _____		
___ Other	_____		

**Surface discharge?**    \_\_\_ no    \_\_\_ yes, there is discharge to: \_\_\_\_\_

**Observations**

**OTN SYSTEM INSPECTION FINDINGS WORKSHEET (cont.)**

<u>Yes</u>	<u>No</u>	<u>N/O*</u>	<u>Type/Condition/Comments</u>
			(*Not Observed)
			<b>Household plumbing</b>
___	___	___	Are there any leaking fixtures and/or plumbing? _____
___	___	___	Are all waste lines directed to the tank? _____
___	___	___	Are there separate grey water or other waste lines? _____
___	___	___	Are there any other interconnections to the system? (e.g. sump pump, softener, etc.) _____
___	___	___	Is there a system vent? If yes, on roof or ground? _____

<u>Yes</u>	<u>No</u>	<u>N/O*</u>	<u>Type/Condition/Comments</u>
			(*Not Observed)
			<b>Septic tank</b> _____ N/A (Not Applicable)
___	___	___	Access riser? If, yes, depth to cover: (inches) _____
___	___	___	Depth below grade to top of tank: (inches) _____
___	___	___	Tank cover? _____
___	___	___	Inlet baffle? _____
___	___	___	Outlet baffle? _____
___	___	___	Effluent filter? _____
___	___	___	Liquid level: ___ at, ___ above, or ___ below discharge invert?
___	___	___	Number of tank compartments: _____
___	___	___	Visible scum layer? _____
___	___	___	Main tank clean out? Size (in.) _____ Location _____
___	___	___	Capacity (gal.): _____ How determined? _____
___	___	___	Water tight tank? How determined? _____
___	___	___	Cracked, corroded or deformed tank? Describe _____
___	___	___	See or hear flow from inlet while all fixtures/appliances are off?
___	___	___	Evidence of a pipe or conveyance bypassing septic tank?

			<b>Pump system</b> _____ N/A
___	___	___	Is there a dosing or pump tank? _____
___	___	___	Is there an ejector or a grinder pump? _____
___	___	___	Does the pump(s) appear to be operating properly? _____
___	___	___	Is there a high water alarm? _____
___	___	___	Are both switch and alarm operable? _____
___	___	___	Is there evidence of surface water infiltrating the pump chamber?
___	___	___	Are there any obvious electrical shortcomings? _____

**\*Note: The inspector is not a certified electrical inspector\***

			<b>Dosing Device</b> _____ N/A
___	___	___	___ siphon ___ bell ___ float ___ other: _____
___	___	___	Does device appear to be functioning properly?

			<b>Distribution Box</b> _____ N/A
___	___	___	Number outlets: _____; Number in use: _____

**OTN SYSTEM INSPECTION FINDINGS WORKSHEET (cont.)**

_____	_____	_____	Equal distribution to all outlets? _____
_____	_____	_____	Adjustable flow regulators? _____
_____	_____	_____	Evidence of liquid above outlet inverts? _____
_____	_____	_____	Baffle or other inlet device? _____
_____	_____	_____	Cracked, corroded or deformed? _____

**Yes   No   N/O\*                      Type/Condition/Comments**  
 (\*Not Observed)

**Drop Boxes**                      \_\_\_\_\_ N/A

_____	_____	_____	Number outlets/box: _____.
_____	_____	_____	Outflow line invert above leach line invert (s)? _____
_____	_____	_____	Evidence of liquid above outlet inverts? _____
_____	_____	_____	Cracked, corroded or deformed? _____

**Soil Absorption System**                      \_\_\_\_\_ N/A

_____	_____	_____	Obvious septic odor? _____
_____	_____	_____	Evidence of seepage? _____
_____	_____	_____	Any area of lush vegetation beyond leach system? _____
_____	_____	_____	Impermeable surface or structure over part or all of leach system?
_____	_____	_____	Extensive roots in or near subsurface system?
_____	_____	_____	Evidence of heavy equipment on or driving over leach system?
_____	_____	_____	Leach system probed for excessive moisture, odor and/or effluent?
_____	_____	_____	Leach lines parallel with slope?
_____	_____	_____	Sump pump/footer drains discharged onto or near system?
_____	_____	_____	System diversion valve? If yes, frequency of alternation: _____

**Record general observations of surrounding topography:**

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**System Sketch**

- On the next page, sketch the onsite wastewater treatment system to an approximate scale (or verify on and attach existing plan).
- Outline the approximate shape of the house, indicate front (F), back (B), and compass orientation (N).
- Show the location of all system components and their orientation relative to the house and other reference points (e.g. wells, embankments, rock outcrops, roads, fences, other buildings, surface water, etc.).
- Triangulate to indicate manhole (main access) of septic tank and distribution box.
- Show relative grades around and within system area (direction and approximate slope).

**OTN SYSTEM INSPECTION *FINDINGS WORKSHEET* (cont.)**

Separate plan attached? \_\_\_ yes \_\_\_ no

**System Sketch**

**Must be filled in or attach a separate sketch of site plan**

**OTN SYSTEM INSPECTION FINDINGS WORKSHEET (cont.)**

**Check all that apply, and provide explanation for each checked item in the “Comments/Evaluation” section below:**

- 1. \_\_\_ System appears to have functioned adequately under past and present loading. There can be no assurance or guarantee of future performance for any period of time. Numerous factors, such as household water usage, leaking toilets, soil characteristics, and seasonal groundwater table fluctuation, as well as owner failure to manage and maintain the system, will affect its performance.
  
- 2. \_\_\_ System/components indicate unacceptable operation or performance.
  - 2.a. \_\_\_ Absence of treatment tank or other critical component(s)  
(e.g. d-box, pump chamber, baffles)
  - 2.b. \_\_\_ Apparent structural damage.
  - 2.c. \_\_\_ Evidence of wastewater breakout or direct discharge.
  - 2.d. \_\_\_ Evidence of prolonged high liquid level in dispersal area.
  - 2.e. \_\_\_ Failed dye test.
  - 2.f. \_\_\_ Other
  
- 3. \_\_\_ Due to weather conditions, lack of information provided, and/or inaccessibility to all system components, the inspection results are incomplete.
  
- 4. \_\_\_ System appears undersized, or has undersized components per current standards for new construction since February 3, 2010.
  
- 5. \_\_\_ Recommend upgrade, expansion, and/or replacement of one or more components.

**Comments/Evaluation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*IMPORTANT \*\***

- The OTN System Inspection *Site Report* excludes components that are concealed or otherwise not observable.
- The **Inspection Findings** address the present condition of the system but in no way guarantee or warranty future performance.

**Date:** \_\_\_\_\_ **Inspector Registration Number:** OTN-\_\_\_\_\_

**Inspector’s signature:** \_\_\_\_\_

**\*The inspection report format is part of a standardized process used by those who have completed inspection training by the New York Onsite Wastewater Treatment Training Network (OTN).**

cc: Town of South Bristol Code Enforcement Office  
Canandaigua Lake Watershed Inspector