

## Appendix A - System Installation Form

In accordance with the technology approval, or each new or replacement installation, Massachusetts installers of Enviro-Septic® systems must complete and fax or mail a copy of this form to the local approving authority and to:

Presby Environmental, Inc.  
143 Airport Road  
Whitefield, NH 03598  
Fax: (603) 837-9864

Installer's Name:		
Company Name:		
Street Address:		
City:	State:	Zip:
Property Owner:		
Site Street Address:		
City:	State:	Zip:
System Type ( <i>circle one</i> ): New Construction or Replacement	Design Flow:	
Installation Date:	System Startup Date:	
Permit Number:		
Comments:		

This form may also be completed online at  
[http://presbyeco.com/mass\\_installation\\_form.php](http://presbyeco.com/mass_installation_form.php)

## Appendix B

### Enviro-Septic® Wastewater Treatment System Technology Checklist

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**Purpose** This technology checklist is to be completed by an operator trained by Presby Environmental, Inc. to inspect Enviro-Septic® wastewater treatment systems.

Note: The Department's technology approval requires all Enviro-Septic® systems to be inspected annually.

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**Submit copies to the local authority and the DEP** A completed copy of this checklist and the DEP Approved Inspection and O&M Form for Title 5 I/A Treatment and Disposal Systems must be submitted to the local approving authority and the Department. Copies of the inspection forms shall be submitted by January 30<sup>th</sup> for remedial systems inspected during the prior year and by September 31<sup>st</sup> for general use systems.

Any required sampling and test results should accompany this completed checklist.

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**DEP address** Mail a copy of this checklist to:

Department of Environmental Protection  
Wastewater Management Program  
One Winter Street, 5<sup>th</sup> Floor  
Boston, Massachusetts 02108

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1. Facility Owner: \_\_\_\_\_
  2. Facility Address: \_\_\_\_\_
  3. Installation Date: \_\_\_\_\_ Previous Inspection Date: \_\_\_\_\_
  4. Date of Inspection: \_\_\_\_\_
  5. Residential Number of Bedrooms: \_\_\_\_\_ /Commercial Design Flow \_\_\_\_\_ GPD
  6. Inspection Port Locations: \_\_\_\_\_
- 
7. Other (Explain): \_\_\_\_\_
- 

#### Inspection data (Complete all fields)

8. Is daily flow within the system design flow?  Yes  No If no, explain: \_\_\_\_\_
  9. Does the owner verify the system use as described above?  Yes  No  
If no, explain: \_\_\_\_\_
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10. Septic tank last inspection date: \_\_\_\_\_ Inspected by: \_\_\_\_\_
11. Septic tank last pumped date: \_\_\_\_\_ Is pumping recommended?  Yes  No
12. Condition of the soil absorption system: (wet/dry/firm/soft/vegetative/other) \_\_\_\_\_
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13. Is there evidence of storm water flows or erosion over the septic system?:  Yes  No  
If yes, explain: \_\_\_\_\_
14. Is there evidence of soil slump or compaction by traffic or other means in the vicinity of the soil absorption system?:  Yes  No If yes, describe: \_\_\_\_\_
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15. Is effluent visible through the inspection port?:  Yes  No If yes, describe the condition and the fluid level: \_\_\_\_\_
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16. Are solids visible through the inspection port?:  Yes  No If yes, describe the condition and depth of solids: \_\_\_\_\_
- 
17. Is there evidence of surcharging or effluent ponding in the D-Box?:  Yes  No  
If yes, describe and measure: \_\_\_\_\_
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18. Are the system vents in place?:  Yes  No If no, describe: \_\_\_\_\_
- 
19. Describe any other pertinent issues: \_\_\_\_\_
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**System Pump Inspection data (If applicable)**

20. Pump Chamber?:  Yes  No Condition: \_\_\_\_\_
21. Pumps Inspected: ?  Yes  No Number of Pumps: \_\_\_\_\_
22. Condition of Pumps: \_\_\_\_\_
23. System Alarms:  Yes  No N/A
24. Condition of Alarms: \_\_\_\_\_
25. Date of Last Alarm Test: \_\_\_\_\_

Inspected by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Signature of Inspector: \_\_\_\_\_

I certify: I have inspected the sewage treatment and disposal system at the address above, have completed this report, and the information reported is true, accurate, and complete as of the time of the inspection.