

SEWER SERVICE INSPECTION FOR PUBLIC SEWERS
HILLTOWN TOWNSHIP WATER AND SEWER AUTHORITY

General Information:

Name of Owner/Occupant of Property: _____

Address: _____

Telephone: _____

Date of Report: ___/___/___

Type of Connection

- New connection
- Sewer re-connection
- Sewer repair
- Pump System

Service sewers shall be installed in accordance with HTWSA Standard installation drawings. In the case of an existing installation, such as converting from an on-lot system, new pipe must be installed to a point of connection within five feet (5') of the exit point from the dwelling.

Gravity Laterals

Item	Yes	No	N/A	Inspection Item
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved bedding material on site (1/2" stone or approved equal).
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SDR 35 PVC pipe with integral wall, bell and spigot joints with rubber rings is used (min. inside diameter of 4").
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All couplings, fittings, and accessories furnished by the pipe supplier or approved equal, and have bell and/or spigot configuration compatible with the pipe.
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minimum cover over sewer pipe at building is 3'. Minimum cover at street line is 5'.
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trench bottom has been compacted and has minimum six (6) inches of bedding material.

Item	Yes	No	N/A	Inspection Item
6.	___	___	___	Top of pipe covered with minimum of four (4) inches bedding material.
7.	___	___	___	Pipe laid in upstream direction with the bell ends toward the rising grade. Pipe slope: _____ (min. 1%, max. 10%)
8.	___	___	___	Cleanout constructed 3' to 5' from foundation using SCH 40 PVC pipe. Cleanout to be located in an accessible area.
9.	___	___	___	Cleanouts constructed as shown on standard detail sheet G-18 (at all changes of direction, every 50 ft and/or slope). Cleanouts must be constructed with a wye connection and a 45 bend. Tees are not acceptable.
10.	Type of connection at main:			
	___	___	___	Installed Cleanout @ R.O.W.
	___	___	___	Saddle
	___	___	___	Wye
11.	Sewer and water services			
	___	___	___	In separate trenches _____ feet apart
	___	___	___	Shelved _____ inches (height difference)
12.	___	___	___	Trench inspected by authorized personnel prior to backfill. Green tracer tape above sewer pipe, sixteen (16) inches below grade.
13.	___	___	___	Pressure Test - An air test shall be performed by pressurizing the line to a minimum pressure of 4 pounds per square inch (psi) and maintaining this pressure for a test period of at least 5 minutes without any pressure loss
14.	___	___	___	Trench compacted in one (1) foot lifts using suitable backfill material (no blasted ledge, or stones over four (4) inches diameter).

Item	Yes	No	N/A	Inspection Item
15.	___	___	___	All patches in the street and sidewalk must be constructed according to the construction requirements for the installation and/or repair of underground facilities and paving in the Township Roads. These requirements are in accordance with the Township Road Opening Permit

Grinder Pump Connection

Item	Yes	No	N/A	Inspection Item
1.	___	___	___	Approved bedding material on site (1/2" stone or approved equal).
2.	___	___	___	SDR 21 PVC pipe with integral wall, bell and spigot joints with rubber rings is used (min. inside diameter of 1.5").
3.	___	___	___	All couplings, fittings, and accessories furnished by the pipe supplier or approved equal, and have bell and/or spigot configuration compatible with the pipe.
4.	___	___	___	Minimum cover over force main is 3.5 feet.
5.	___	___	___	Trench bottom has been compacted and has minimum six (6) inches of bedding material.
6.	___	___	___	Top of pipe covered with minimum of four (4) inches bedding material.
7.	___	___	___	Cleanout constructed 3' to 5' from foundation using SCH 40 PVC pipe. Cleanout to be located in an accessible area.
8.	Type of connection at main:			
	___	___	___	Installed valve box @ R.O.W.
	___	___	___	Saddle w/ installed valve box at R.O.W.
	___	___	___	Wye w/ installed valve box at R.O.W.
9.	Sewer and water services			
	___	___	___	In separate trenches _____ feet apart

Item	Yes	No	N/A	Inspection Item
10.	___	___	___	Trench inspected by authorized personnel prior to backfill. Green tracer tape above sewer pipe, sixteen (16) inches below grade.
11.	___	___	___	Trench compacted in one (1) foot lifts using suitable backfill material (no blasted ledge, or stones over four (4) inches diameter).
12.	___	___	___	All patches in the street and sidewalk must be constructed according to the construction requirements for the installation and/or repair of underground facilities and paving in the Township Roads". These requirements are in accordance with the Township Road Opening Permit
13.	Pressure Test			
	___	___	___	Grinder Pump force main – 50 psig for 30 minutes.
	___	___	___	Lateral from to Pump Station – 4 psig for 10 minutes.
14.	Grinder Pump Installation			
	___	___	___	Grinder station shop drawings approved
	___	___	___	Coupling installed on inlet and discharge on firm ground
	___	___	___	1 1/4 x 1 1/2 increaser, bronze or PVC installed on outlet.
	___	___	___	Top of pump station set 6" minimum above finish grade.
	___	___	___	Unit supplied with valve extension.
	___	___	___	Vent with screen properly installed.
	___	___	___	Piping penetrations on basin checked for leaks before backfilling.
	___	___	___	Concrete encasement for anti-flotation protection properly installed.
	___	___	___	No extraneous wire, fittings, water, or dirt in basin.
	___	___	___	Control panel properly located and installed.

Item	Yes	No	N/A	Inspection Item
15.				Pump Test Procedure
				Pump checked for proper operation. Alarm light and horn operational, overflow condition checked.
	___	___	___	Open service valve at R.O.W. and discharge valve at pump
	___	___	___	Fill pump unit through top of basin until pump comes on.
	___	___	___	Turn off pump at panel
	___	___	___	Fill pump chamber with water until the alarm sounds.
	___	___	___	Turn on pump to remove water.

Record Documentation

As-built of connection from house to R.O.W. is been attached.

Pressure Test Form is attached.

Existing Septic Systems

Item	Yes	No	N/A	Inspection Item
1.	___	___	___	Health Department has been notified
2.	___	___	___	Septic Tank Abandonment Form is attached

Inspection performed by: _____

SANITARY LATERAL PRESSURE TEST

HILLTOWN TOWNSHIP WATER AND SEWER AUTHORITY

General Information (Please print):

Name of Owner/Occupant of Property: _____

Date of Report: ____/____/____

Sanitary Lateral Test

Sewer lateral or building sewer must be pressure tested from the inspection tee at the public sewer right-of-way up to, and including, the vented trap at the building. An air test shall be performed by pressurizing the line to a minimum pressure of 4 pounds per square inch (psi) and maintaining this pressure for a test period of at least 5 minutes without any pressure loss. A water test may be performed by filling the pipe with water to a head of at least 10 feet of water and maintaining this water level for a test period of at least 15 minutes without any water loss.

Action	Pressure	Time
Start Test	_____	_____
Stop Test	_____	_____

Force main Test

After the pressure sewer main has been installed, partly backfilled and fully charged with water it should be subjected to a hydrostatic pressure equal to either 150 percent of the maximum operating pressure or 50 psig, whichever is greater, but not to exceed the pressure rating of the type of pressure pipe specified. The duration of this pressure test shall be for a period of not less than half hour without any loss of pressure.

Action	Pressure	Time
Start Test	_____	_____
Stop Test	_____	_____

Comments:

Signature: _____

REPORT OF SEPTIC TANK ABANDONMENT FOR PUBLIC SEWERS

HILLTOWN TOWNSHIP WATER AND SEWER AUTHORITY

Instructions for completing form: This form is to be completed for any persons permanently removing a septic tank, seepage pit, cesspool, or other on-site sewage system wastewater tanks from service.

General Information (Please print):

Name of Owner/Occupant of Property: _____

Address: _____

Telephone: _____

Date of Report: ____/____/____

Wastewater Tank Data:

Type of Sewage Tank: ___ Septic Tank ___ Pump Tank ___ Holding Tank

Other: _____

Number of Compartments Pumped: _____

Number of Gallons Pumped: _____

Checklist Item	Yes	No	Not Applicable	Comments
Septage removed by an approved pumper?*				
Tank lid removed or destroyed?				
Tank void filled with compacted stone?				

*Pumper Name: _____

Certification Number: _____

Comments:

Signature: _____

Name of Owner/Occupant of Property: _____

Address: _____

Graph for As-Built

