



# Clean Delaware Inc.

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1.888.637.1517 · 302.684.4221 · Fax: 302.684.1850

[www.cleandelaware.com](http://www.cleandelaware.com)

## Clean Delaware Inspection Protocol

Dear Customer,

Thank you for requesting a class "H" septic inspection by Clean Delaware, Inc.

Please fill out the above form with as much information available to you as possible. It is important that the bottom of the form be signed or e-signed and returned to Clean Delaware to initiate the inspection process. We use information from this form to locate and retrieve current permit information. This form is the first page of the report that we will ultimately submit to the state for their records. Failure to submit pertinent information may cause a delay in the inspection process.

Once we have received the signed form we will correspond with DNREC to obtain a current permit. Upon completion of both of these steps we can then proceed with the inspection. The turn around on a septic inspection is typically 5-7 business days. Your completed inspection can be faxed or mailed to the billing address. We encourage you to call with questions regarding the results of the inspection, (302) 684-4221 or e-mail [inspection@cleandelaware.com](mailto:inspection@cleandelaware.com).

**Please Note:** If the home has been vacant for more than two weeks we may be required to run a flow test. This test requires water available at the site. If we supply our own water (200 gallons) for this test an additional \$135 will be charged. If the system has a pump, floats, or alarm (an engineered system) then electric must be turned on to complete our inspection.

**Attention Real Estate Agents:** If you are a real estate agent submitting the request on behalf of the owner/buyer, please provide your agency name, email address and fax number. You can also sign the form on behalf of your client along with your signature. **\*\*Please note:** The person(s) signing the form will be personally responsible for payment. In addition, please provide the settlement date and name of settlement attorney.

We look forward to providing you with a thorough and professional septic inspection.

Thank you,  
Gerry Desmond  
Clean Delaware, Inc.

**Environmental Pumping + Complete Septic Service**  
**Grease Trap Pumping + Portable Toilet Rentals**  
**Residential + Commercial + Industrial**





**GROUND WATER DISCHARGES SECTION  
EXISTING ON-SITE WASTEWATER SYSTEM FIELD INSPECTION REPORT**

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Owner (if different)**

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Property**

Tax Map #: \_\_\_\_\_ Type of Structure: \_\_\_\_\_ Single Family Dwelling  
Subdivision (if appl): \_\_\_\_\_ Multi-Family  
City, State, Zip: \_\_\_\_\_ Community/Large  
Location: \_\_\_\_\_ Commercial

Age of Structure: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ # of Residents: \_\_\_\_\_

Occupied: \_\_\_ Yes \_\_\_ No Length of Vacancy: \_\_\_ Weeks \_\_\_ Months \_\_\_ N/A if occupied

**Permit / System**

Permit Available: \_\_\_ Yes \_\_\_ No Permit #: \_\_\_\_\_

Age of System: \_\_\_\_\_

System Type: \_\_\_ Full Depth Gravity \_\_\_ Full Depth LPP \_\_\_ Elevated Sand Mound  
\_\_\_ Capping Fill Gravity \_\_\_ Capping Fill LPP \_\_\_ Micro Drip Irrigation  
\_\_\_ Full Depth Pressure Dosed \_\_\_ Alternative System\* \_\_\_ Seepage Pit  
\_\_\_ Capping Fill Pressure Dosed \_\_\_ Wisconsin at Grade \_\_\_ Cesspool

\* All Innovative/Alternative systems including Advanced Treatment Unit's (ATU's) and alternative drainfield systems may only be inspected by a Class H licensee that has been certified through DNREC approved training for that ATU or alternative drainfield system. Proof of certification must be submitted to DNREC. **A Class H license alone is not adequate enough for this task.**

**General Information**

**Pump Out**

Date of Last Pump Out: \_\_\_\_\_  
Pumping Frequency: \_\_\_\_\_

**Repairs**

Repairs made to system? \_\_\_ Yes \_\_\_ No  
Was repair permit issued? \_\_\_ Yes \_\_\_ No  
Details \_\_\_\_\_

**Name of System Maintainer**

**Water Service**

\_\_\_ Central Water \_\_\_ On-Site Well

Is this a second opinion inspection? \_\_\_ Yes \_\_\_ No

Is there a water treatment system discharging into the systems? \_\_\_ Yes \_\_\_ No

Does grey water discharges somewhere other than the septic system? \_\_\_ Yes \_\_\_ No

If yes, location \_\_\_\_\_

**Information Verification**

I attest this information I have provided is true and accurate to the best of my knowledge

\_\_\_\_\_  
Owner's/Requestor's Signature

\_\_\_\_\_  
Date