

COSA Checklist

Legal Description: _____ Parcel ID: _____

If more than 1 well and/or septic system on lot, provide separate checklist. Structure served by this system _____

A. WELL DATA

☐ Well log is filed with Onsite (or attached)

Date drilled _____ Total depth _____ ft

Cased to _____ ft

☐ Sanitary seal is functioning correctly

☐ Wires are properly protected

Casing height (above ground) _____ in.

Date of flow test for COSA _____

Static water level at beginning of test _____ ft.

Comments _____

Well production at time of test _____ gpm

Water storage tank volume _____ gallons

Well disinfected for coliform test? ☐ Yes ☐ No

☐ Coliform bacteria is Negative

Nitrate _____ mg/L ☐ Nitrate less than MRL (ND)

Arsenic _____ ug/L ☐ Arsenic less than MRL (ND)

Collected by _____

Date _____

B. TANK DATA

Measured operating fluid level in septic tank _____

Date of pumping _____

☐ Required maintenance completed, if AWWTS

Comments: _____

C. LIFT STATION

☐ Required maintenance completed

Age of lift station _____ years

Lift station material _____

Comments: _____

D. DISPOSAL FIELD DATA

Which system tested (date installed) _____

☐ ALL standpipes present per record drawing

Total measured depth from grade _____ ft (max)

Measured depth to pipe invert from grade _____ ft (min)

☐ N/A – pressurized field.

☐ Per record drawings, field is insulated.

☐ Monitor tubes go to bottom of effective.

If not, state depth into effective _____

☐ Presoaked required if

(Required if house vacant or field not used for more than 30 days prior to date of test)

Gallons introduced _____ gallons _____ date

Any rejuvenation treatment (past 12 months) _____

If yes, enter date _____

Comments/Deficiencies: _____

Adequacy test date _____

Results ☐ Pass

Fluid depth prior to test _____ in

Water added _____ gal

New fluid depth _____ in

Elapsed time _____ min

Final fluid depth _____ in

Absorption rate _____ gpd

FIELD STATUS – POST RECOVERY

Effective depth (per record drawings) _____ in

Effective depth used _____ in

Effective depth remaining _____ in

E. SEPARATION DISTANCES

From Well on Lot to: (Please enter distances if less than required)

Septic Tank/Lift Station on Lot $\geq 100'$	<input type="checkbox"/> Yes if No _____ ft	Sewer Manhole/Cleanout $\geq 100'$	<input type="checkbox"/> Yes if No _____ ft
Neighboring Tank $\geq 100'$	<input type="checkbox"/> Yes if No _____ ft	Sewer Service/Septic Line $\geq 25'$	<input type="checkbox"/> Yes if No _____ ft
Disposal Field on Lot $\geq 100'$	<input type="checkbox"/> Yes if No _____ ft	Holding Tank $\geq 100'$	<input type="checkbox"/> Yes if No _____ ft
Neighboring Disposal Fields $\geq 100'$	<input type="checkbox"/> Yes if No _____ ft	Animal Containment $\geq 50'$	<input type="checkbox"/> Yes if No _____ ft
Sewer Line/Main $\geq 100'$	<input type="checkbox"/> Yes if No _____ ft	Manure/Animal Excreta Storage $\geq 100'$	<input type="checkbox"/> Yes if No _____ ft

☐ N/A – Served by Community Well (not on lot) or Public Water

From Septic/Holding Tank and Disposal Field(s) on Lot to: (Please enter distances if less than required)

Tank to Foundation $\geq 10'$	<input type="checkbox"/> Yes if No _____ ft	Surface Water $\geq 100'$	<input type="checkbox"/> Yes if No _____ ft
Field to Foundation $\geq 10'$	<input type="checkbox"/> Yes if No _____ ft	Wells on Adjacent Lots:	
Tank to Property Line $\geq 5'$	<input type="checkbox"/> Yes if No _____ ft	Wells $\geq 100'$	<input type="checkbox"/> Yes if No _____ ft
Field to Property Line $\geq 10'$	<input type="checkbox"/> Yes if No _____ ft	Community Wells $\geq 200'$	<input type="checkbox"/> Yes if No _____ ft
Water Main/Service Line $\geq 10'$	<input type="checkbox"/> Yes if No _____ ft	If tank or field is under driveway comment below	

F. ENGINEER'S COMMENTS

G. CERTIFICATION & STATEMENT OF INSPECTION BY ENGINEER

As certified by my seal affixed hereto and as of the validation date shown below, I verify that my investigation, based on procedures outlined in the Certificate of On-Site Systems Approval Guidelines, indicates that the on-site water supply and/or wastewater disposal system appears to comply with applicable Municipal and State codes, ordinances, and regulations in effect at the time of installation, unless noted otherwise.

Name of Firm _____ Phone _____

Engineer's Printed Name _____ Date _____

ENGINEER'S
STAMP