



# GeoMat™ Leaching System Inspection Checklist

## Installer Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

## Purpose

This checklist is to be completed by an operator trained by Geomatrix Systems, LLC to inspect GeoMat wastewater treatment systems. 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 forms shall be submitted by September 31<sup>st</sup> for general use systems.

## Facility/ System Information

Facility Owner: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_ Previous Inspection Date: \_\_\_\_\_

Residential Number of Bedrooms: \_\_\_\_\_ Commercial Design Flow \_\_\_\_\_ GPD

GeoMat Type: \_\_\_\_\_ System Size: \_\_\_\_\_

System Sketch

## Inspection Data

Distal/Inspection Port Locations: \_\_\_\_\_

Distal Head Reading Inches of water column: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Condition of area above Soil Absorption System(Wet/Dry/Vegetative/other) \_\_\_\_\_

Evidence of Erosion of System? \_\_\_\_\_

Sheet flow directed away from system? \_\_\_\_\_

Evidence of soil slump or compaction by traffic? Yes  No  \_\_\_\_\_

Septic tank Filter Condition: (Plugged/Free of solids/other) \_\_\_\_\_

System Alarm Functioning? Yes  No

Additional Notes:

## Information

I Certify: I have inspected the GeoMat™ wastewater disposal system at the address above, have completed this report, and the information reported is true, accurate, and complete of the time of the inspection

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail a copy of this checklist to:  
Department of Environmental Protection  
Wastewater Management Program / Title 5 I/A Program  
One Winter Street, 5th Floor  
Boston Massachusetts 02108

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