



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

Inspection Request Received From

Name: Susan Wessels
Telephone #: 410-726-2520

Mailing Address: 9393 Airport Rd.
City, State, Zip: Seaford, DE 19973

Owner (if different)

Name: _____
Telephone #: _____

Mailing Address: _____
City, State, Zip: _____

Property

ZONING CERTIFICATE MANDATORY

Tax Map #: 132-7.00-45.03
Subdivision (if appl): _____
City, State, Zip: Seaford, DE 19973
Physical Address: 9419 Airport Rd.

Type of Structure: Single Family Dwelling
 Multi-Family
 Community/Large
 Commercial

Age of Structure: 32 Years # of Bedrooms: 3 # of Residents: 0

Occupied: Yes No Length of Vacancy: _____ Weeks 120 Months _____ N/A if occupied

Permit / System

Permit Available: Yes No

Permit #: 1392-92S

Age of System: 32 years

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: N/A
Pumping Frequency: N/A

Repairs

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

Name of System Maintainer

Unknown

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

Not Available

Owner's/Requestor's Signature

8/20/2025

Date



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Inspection Data

Date : 8-20-25

Site Condition: Dry Wet Recent Heavy Precipitation? Yes No
 Weather: Sunny Cloudy Rain Snow

Is there evidence that sewage has backed up into the structure? Yes No
 Do trees or tree roots appear to interfere with the system? Yes No
 Is there evidence or documentation of wastewater surfacing? Yes No
 Is any portion of the system below a deck, driveway, walkway, etc.? Yes No
 Was a visual inspection under the home for grey water performed?
 Yes No
 No Access
 Was a flow test from each household fixture performed?
 Yes No
 No Access

Treatment Tank(s)

** PUMP OUT MANDATORY **

<input checked="" type="checkbox"/> Septic Tank	Capacity (gal) * <u>1000</u>	# of Compartments <u>2</u>	
	Material ** <u>Concrete</u>	Dimensions <u>8</u> x <u>5</u> x <u>5</u>	
<input type="checkbox"/> Cesspool	Capacity (gal) * _____	# of Compartments _____	
	Material ** _____	Dimensions _____ x _____ x _____	
<input type="checkbox"/> Other	Capacity (gal) * _____	# of Compartments _____	
	Material ** _____	Dimensions _____ x _____ x _____	

Depth from ground surface to the top of tank 14 ”

Scum Thickness 4 ” Sludge Thickness 8 ”

* Round: $D'' \times D'' / 292.5 \times H''$ Rectangular: $L'' \times W'' / 231 \times H''$ ** Specify Concrete, Metal, Other

	<u>S</u>	<u>SWC</u>	<u>U</u>		<u>S</u>	<u>SWC</u>	<u>U</u>
Tank	_____	_____	x	Liquid Level (Tank)	x	_____	_____
Top/Lids/Risers (if appl)	x	_____	_____	Effluent Filter	x	N/A	_____
Baffles	x	_____	_____				

Name of pump company Central Backhoe Date of pump out 8-20-25

*** PUMPOUT DOCUMENTATION MAY BE REQUIRED ***

Does effluent from the absorption facility run back to the treatment tank? Yes No
 Is there evidence of effluent surfacing above the treatment tank(s)? Yes No

S = Satisfactory, SWC = Satisfactory With Concerns, U = Unsatisfactory



GROUND WATER DISCHARGES SECTION

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Distribution System

	<u>S</u>	<u>SWC</u>	<u>U</u>		<u>S</u>	<u>SWC</u>	<u>U</u>
Distribution Box (if Existing)	_____	_____	_____	Liquid Level (D-Box)	_____	_____	_____
Diversion Box (if Existing)	_____	_____	_____	Liquid Level (Div-Box)	_____	_____	_____
Distribution Piping	_____	_____	_____	Top/Lid	_____	_____	_____
Baffles	_____	_____	_____				

S = Satisfactory, SWC = Satisfactory With Concerns, U = Unsatisfactory

Distribution Box level, allowing equal distribution?	_____	Yes	_____	No	_____	N/A
Is effluent above the lateral inverts in the distribution box?	_____	Yes	_____	No	_____	N/A
Does effluent from the absorption facility run back to the D-Box?	_____	Yes	_____	No	_____	N/A
Is there evidence of effluent surfacing above the D-Box?	_____	Yes	_____	No	_____	N/A

Distribution Box Capacity (gal) * _____
 Material ** _____
 Dimensions _____ x _____ x _____

* Round: D" X D" / 292.5 X H" Rectangular: L" X W" / 231 X H"

** Specify Concrete, Metal, Other

Holding / Dosing Tank / Lift Station

_____ Holding Tank	_____ Lift Station	x	_____ Dosing Tank	Gallons: <u>500</u>
				Material: <u>Concrete</u>
				Dimensions: <u>5</u> x <u>5</u> x <u>5</u>

Effluent measurement before activating pump N/A ”
 Effluent measurement after activating pump _____ ”

	<u>S</u>	<u>SWC</u>	<u>U</u>		<u>S</u>	<u>SWC</u>	<u>U</u>
Tank	_____	_____	x	Electrical Connections	_____	_____	x
Top/Lids/Risers (if appl)	x	_____	_____	Timer	x	N/A	_____
Pump/Siphon Operat.	_____	_____	x	Check Valve & Weep Hole	_____	_____	x
Alarm	_____	_____	x	Pump Elev. Off Tank Floor	_____	_____	x
Vent Pipe	x	_____	_____				

S = Satisfactory, SWC = Satisfactory With Concerns, U = Unsatisfactory

Accumulated solids found in pump tank?	x	Yes	_____	No
Is alarm on separate circuit?	_____	Yes	x	No
Infiltration of surface waters?	_____	Yes	x	No



**GROUND WATER DISCHARGES SECTION
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Absorption Facility

Located: Yes No More than one absorption facility: Yes No

How Many: 1 Total Sq Ft: 744

<input checked="" type="checkbox"/> Bed	<u>24</u>	<input checked="" type="checkbox"/> <u>31</u>	(approx. size) = <u>744</u>	Sq Ft	
<input type="checkbox"/> Trenches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(approx. size) = <input type="checkbox"/>	Sq Ft	# of Trenches <input type="checkbox"/>
<input type="checkbox"/> Seepage Pit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(approx. size) = <input type="checkbox"/>	Sq Ft	
<input type="checkbox"/> Cesspool	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(approx. size) = <input type="checkbox"/>	Sq Ft	
<input type="checkbox"/> Other (describe)	<input type="checkbox"/>				

Are there signs of previous absorption facility failure? Yes No
 Are there any overflow lines? Yes No

**Summary of System Component Inspections
Review "Overall Comments" for Summary of Ratings**

	Satisfactory	Satisfactory With Concerns	Unsatisfactory
Treatment Tank(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Holding/Dosing Tank/Lift Station	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Absorption Facility(ies)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Distribution System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall Comments (use additional paper if needed)
Include Comments for Satisfactory with Concerns & Unsatisfactory Ratings**

- The 1,000 gallon concrete tank is in good condition structurally but it has been infiltrated by roots. There are large tree roots extending from the top of the tank through to the bottom.
- The 500 gallon dosing chamber is in good condition but it also is full of roots. The roots are so severe that the pump was not visible at all. There is no control panel with an alarm or timer present.
- The house is currently gutted and did not have power so the pump was not able to be tested.
- The mound appears in good condition. It has not been used in 12-13 years per owner. Two small trees that were growing on the mound have been cut down at some point.
- Overall the condition of this system is UNSATISFACTORY. Both the septic and dosing tanks need to be replaced or the roots need to be completely removed. A timer and alarm need to be installed on seperate circuits. Once electric is available, the pump needs to be run to determine if it is operable as well as to see how the mound accepts water.

Inspector

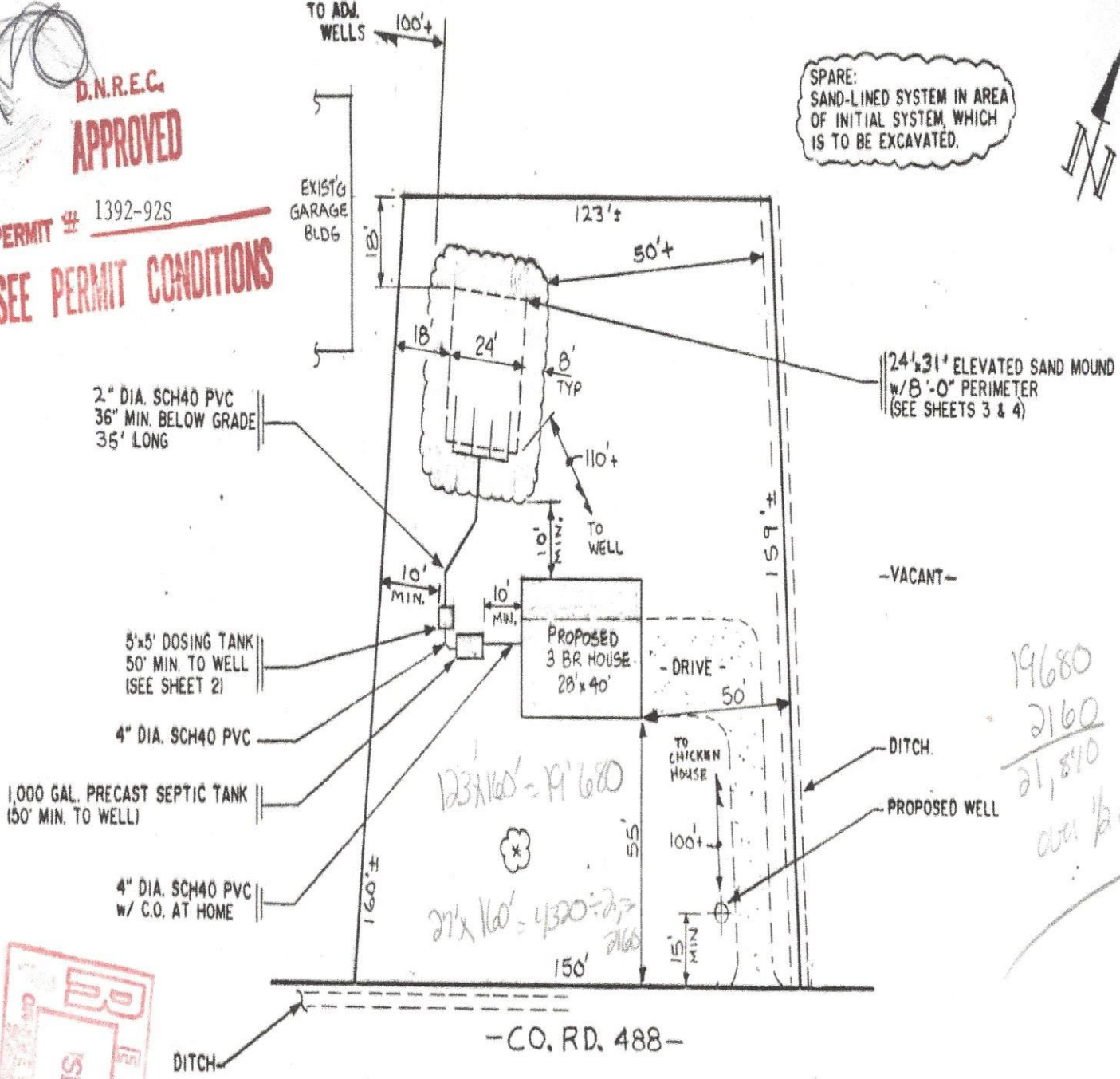
Name: Zane Collison
 Signature: Zane Collison

License #: 5975
 Telephone #: 302-270-7295
 Date: 8/26/2025

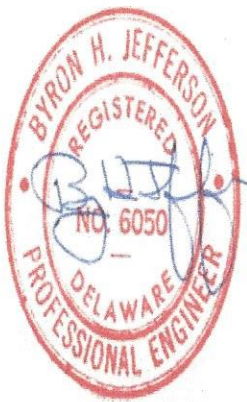
D.N.R.E.C.
APPROVED

PERMIT # 1392-92S
SEE PERMIT CONDITIONS

SPARE:
SAND-LINED SYSTEM IN AREA
OF INITIAL SYSTEM, WHICH
IS TO BE EXCAVATED.



RECEIVED
SEP 28 1992



▶ DENOTES REVISED ITEMS

- VACANT -

SEPTIC PLOT PLAN	
HYDOCK	
BYRON H. JEFFERSON, P.E. P.O. BOX 161 LINCOLN, DE 19960 302-422-9568	DATE: 9/24/92
	SCALE: 1" = 40'
	SHEET 1

- Profile**
- Sales
- Owners
- Land
- Agriculture
- Residential
- Outbuildings
- Values
- Permits
- Sketch
- Map
- Documents

PARID: 132-7.00-45.03
 HYDOCK STEVEN J HEIRS 9419 AIRPORT RD

3 of 6
 Return to Search Results

Property Information

Property Location: 9419 AIRPORT RD
 Unit:
 City: SEAFORD
 State: DE
 Zip: 19973
 Class: R-Residential
 Use Code (LUC): 103-Mobile Home
 Town: 00-None
 Tax District: 132 - BROAD CREEK
 School District: 3 - SEAFORD
 Fire District: 71-Blades
 Deeded Acres: .5510
 Frontage: 150
 Depth: 160.000
 Irr Lot: I
 Plot Book Page: /PB
 100% Land Value: \$19,900
 100% Improvement Value: \$20,800
 100% Total Value: \$40,700

- Actions**
- Printable Summary
 - Printable Version

Legal

Legal Description: N/RD 488 520'
 E/RT 13

Owners

Owner	Co-owner	Address	City	State	Zip
HYDOCK STEVEN J HEIRS	%SUSAN B WESSELLS	1361 OVERSEAS HWY	MARATHON	FL	33050

Sussex County
 Administrative Office Building
 PO Box 589, 2 The Circle
 Georgetown, DE 19947

Contact Us
 Phone: (302) 855-7824
 Fax: (302) 855-7828
 Email: assessment@sussexcountyde.gov
 Hours: Monday-Friday 8:30am-4:30pm

Location [Google Map](#)

[Search Disclaimer](#)

CENTRAL BACKHOE SERVICES LLC
28247 Round Pole Bridge Road
Milton DE 19968
Phone #302-398-6420
Tax ID # 84-1665087
Website: www.centraseptic.com

Class H Inspection Date of Inspection: 8/20/2025

For: Susan Wessells

It is understood that this inspection is made for the benefit of our customers Susan Wessells property located at 9419 Airport Road Seaford DE. The inspection is to ascertain readily discernible problems with the septic system. It was made only in visible or readily accessible areas. Septic systems are subterranean: therefore, it is impossible to determine their exact condition. In addition, workability can be altered by factors, such as, excessive rainfall, heavier water usage, faulty plumbing or electrical wiring, neglect or physical damage to the system.

The customer understands Central Backhoe Services LLC is only able to verify the conditions of the septic system at the time and date of the inspection, therefore Central Backhoe Services LLC does not make any warranties or guarantees whatsoever, either expressed or implied as to the future condition of the septic system.