



TUSCARAWAS COUNTY HEALTH DEPARTMENT

897 East Iron Avenue, Dover, Ohio 44622 www.tchdnow.org 330.343.5555



Public Health
Prevent. Promote. Protect.

Septic System Operation/Maintenance Report

Sewage Treatment System (STS)

*System records may be available upon request

Address: _____ TWP/MUNI: _____

City: _____ Zip: _____ Owner: _____ Parcel ID: _____

Mailing Address (If different from above): _____

Phone Number: _____ Currently in Service Contract (SC): Yes No

If Yes, Date SC Expires: ___/___/___ SC covers all system components including Secondary: Yes No

Type of Inspection: Routine O&M Inspection Service Call Follow-up/Repair Alteration/ Modification

Weather Day of Inspection: _____ Has there been excessive rain in the past 7 days? Yes No

Tank(s): **Tank 1** **Tank 2:** N/A

Appear to be structurally sound: Yes No Yes No

Inlet(s) and outlets have risers to grade: Yes No Yes No

Outlet "T" is present: Yes No Yes No

Effluent Filter Present: UNK N/A, installed prior 2007 Yes No Yes No

After testing sludge level, tank appears to need pumped: Yes No Yes No

Tank is overfull, or above normal operating level? Yes No Yes No

Tank material: _____ Lid Condition: Good Fair Poor Not Visible

Pump Tank:

Tank material: _____ Lid Condition: Good Fair Poor Appear to be structurally sound: Yes No

Float Condition: Good Fair Poor Dose/Pump setting operating as designed: Yes No

Pretreatment Components: N/A (if not operating, please list repairs or if follow-up needed in comments)

Aerator Motor on and functioning: Yes No Air intake is open and free of obstructions: Yes No

UV light functioning: Yes No N/A Alarm Functioning: Yes No N/A

List services performed on mechanical pretreatment components: _____

Final Device/ Secondary: (check system types that apply, remaining devices on next page)

Items marked as Fair and/or Poor must include steps taken to correct the conditions and ensure the system is operating properly.

SOIL ABSORPTION TYPE:

Leaching trenches:

Type of Leaching Trench: Gravel Chambers ATL Presby Elgen EZ Flow Unknown

Line to rest: Yes No N/A Resting lines rotated? Yes No Which line is currently at rest: _____

Inspection Ports Present: Yes No and/or Individual Drop Boxes (D-Box) Yes No

Low Pressure Piping (LPP) Leaching Trenches/Mound:

System head pressure _____ ft. Lines/Mound need backflushed: Yes No

Leach/Dry well(s):

Tank has riser: Yes No Lid Condition Good Fair Poor Not Visible

Depth of effluent to top of tank: _____ ft.

Mound:

Type of Mound: ATL Presby Elgen Evapotranspiration (ETA) Unknown

Inspection Port Present: Yes No N/A

Drip Distribution:

Lines need backflushed: Yes No Screens/Filters need cleaned? Yes No

Sand Filter:

System head pressure _____ ft

CONDITION OF SOIL ABSORPTION AREA:

Surfacing/ponding on the surface of the ground: Yes No

Effluent visible in inspection ports? Yes No N/A Effluent Level in inspection ports: _____

Are Distribution Boxes to grade: Yes No Distribution/Drop boxes overfull: Yes No Unknown

Distribution Box (D-Box) Condition: Good Fair Poor Unknown

(If Visible) Obstructions to effluent flow through D-Box: Yes No

Final Device cont.: (check system type)

Privy/ Holding Tank

Currently under a pumping contract/schedule: Yes No Pumping schedule frequency: _____ months/year(s)
Date was last pumped: _____

Other: _____

Unknown (if unknown, please detail attempts to locate secondary in comments)

Volume of water used during hydraulic loading: _____ gallons. Was the system dye tested Yes No

DISCHARGING/SPECIAL DEVICE/OTHER: (A sample port/tap is required for these systems)

Filter Bed/ Polishing Chamber/ Up-flow Filter/Wetland:

Discharge pipe free of obstructions and damage: Yes No
Designed to alternate fields? Yes No If yes, which field is now being rested: _____

Discharging STS (please choose NPDES, Non-NPDES, or Non-Pretreated):

NPDES (EPA Permitted; Aeration & UV) Non-NPDES (Aeration Only) Non-pretreated Discharge
Discharge pipe free of obstructions and damage: Yes No Vermin Guard: Yes No N/A

Spray Irrigation:

Vegetation exceeding 10ft in height within a 10ft radius of spray heads Yes No
Spray Head(s) Condition: Good Fair Poor Non-Potable signage in place? Yes No

Puraflo/AeroCell:

Quality of Peat/ Foam Media: Good Fair Poor

Multi-flo/Nayadic:

Filter Condition: Good Plugged Torn Other: _____

FOR DISCHARGING/SPECIAL DEVICE SYSTEMS:

Quality of Effluent: Clear Cloudy Grey Black Not Visible Odor Odorless
Location of Discharge: _____
Surfacing/ponding on the surface of the ground: Yes No
Was a Sample Tap present? Yes No
Sample taken: Yes No (If sample was taken results must be attached to this form)

At time of inspection overall condition of septic system was:

Operating Properly Not Operating Properly Creating a Public Health Nuisance

Comments/Explanation of maintenance performed on STS (submit additional comment pages as needed):

STS was difficult to evaluate due to: (follow-up will be needed to ensure system is working properly)

Dense overgrowth Snow cover Significant rain fall or snow melt Inaccessibility Other: _____

Service Company Name: _____ Service Provider Number: _____

Inspector Name: _____ Inspector Signature: _____

Date of Inspection: ___/___/___

TCHD Use Only: Follow-up required: Yes No

TCHD Representative Name: _____ Signature: _____ Date: ___/___/___

TCHD Comments: _____

