STARK COUNTY HEALTH DEPARTMENT

*"Striving Toward a **Healthier** Community."*

Sewage System Evaluation

Form provided by: **Stark County Health Department**
7235 Whipple Ave NW Suite B ● North Canton, OH 44720 ● Phone (330) 493-9904 ● Fax (330) 493-9920 ● www.starkhealth.org
Submit completed form to online@starkhealth.org

INSPECTION WAS CONDUCTED BY:_____ SERVICE PROVIDER #:_____

PROPERTY ADDRESS:_____PARCEL #:_____

CITY:_____ZIP:_____TOWNSHIP: _____

OWNER:_____OWNER'S PHONE: _____

BUYER:_____ BUYER'S PHONE: _____

PERSON RESPOSIBLE FOR ACCESS & TITLE: _____

PHONE:_____CELL:_____FAX: _____

EMAIL RESULTS TO:_____

(or) MAIL TO:_____ADDRESS: _____

(or) FAX TO:_____FAX NUMBER:_____

INFO

IS HOME CONNECTED TO SANITARY SEWER? (Y / N) **SEWER AVAILABLE?** (Y / N)

PRIVATE HOME SEWAGE TREATMENT SYSTEM RECORDS AVAILABLE? (Y / N) (if yes, attach)

AGE OF HOME: _____YRS **AGE OF SYSTEM:** _____YRS _____UNK **NUMBER OF BEDROOMS:**_____

AGE INFO FROM: _____ OWNER _____ HEALTH DEPT _____ AUDITOR _____ OTHER (see comments)

RECENT WEATHER CONDITIONS: _____

AT TIME OF INSPECTION HOUSE WAS: _____ # OCUPPIED _____ INTERMITTENT USE _____ VACANT

IF VACANT, HOW LONG?_____

COMPONENTS

PRIMARY TREATMENT:____SEPTIC TANK _____TRASH TRAP _____ OTHER **VOLUME(S):**_____

DATE TANK(S) LAST PUMPED: _____ **INFO SOURCE:** _____ **PUMPER:**_____

SECONDARY TREATMENT: ____ N/A ____ AERATOR ____ FILTER BED **TYPE/VOLUME:**_____

IF AERATOR, SERVICE CONTRACT IS REQUIRED, PROVIDER:_____

DISPERSAL TYPE: ___LEACH LINES ___LEACH WELL ___LEACH BED ___ET ___FRENCH DRAIN ___MOUND

____DIRECT DISCHARGE ____UNKNOWN ____OTHER, see comments **SIZE:**_____ (FT / SQ FT / GAL)

OTHER DEVICES:____ LIFT STATION ____ UPFLOW FILTER ____ PERIMETER/CURTAIN DRAIN ____ ZONE VALVE

____ UV LIGHT ____ RE-AERATION

ACCESS TO: SEPTIC TANK(S) (Y / N / N/A) DIVERSION BOX (Y / N / N/A)

DISTRIBUTION BOX(S) (Y / N / N/A) LEACH WELL(S) (Y / N / N/A)

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PROPERTY ADDRESS:_____ **TOWNSHIP:**_____

INSPECTION

WAS SYSTEM DYE TESTED? (Y / N) **COLOR OF DYE USED:** _____

DIVERSION BOX— CONDITION: (SATISFACTORY / DETERIORATING / INHIBITING FLOW / COLLAPSING / NOT OBSERVED / N/A)

DISTRIBUTION BOX— CONDITION: (SATISFACTORY / DETERIORATING / INHIBITING FLOW / COLLAPSING / NOT OBSERVED / N/A)

CURTAIN DRAIN OR INTERCEPTOR DRAIN OUTLET LOCATED ? (Y / N) **DRAIN OBSTRUCTED?** (Y / N)

SYSTEM PROBED? (Y / N) **DEPTH OF COVER OVER TANK** _____ **LEACH TRENCH/BED DEPTH** _____

EFFLUENT LEVEL IN TRENCHES INSPECTED? (Y / N / N/A / UNABLE TO LOCATE) - ***IF NO, STATE WHY IN COMMENTS***

CIRCLE ONE: (DRY / MOIST / SATURATED / SURFACING-BLEEDING) - ***NOTE ANY ABNORMALITY IN COMMENTS***

WATER LEVEL IN*: PRE-HYDRAULIC / POST-HYDRAULIC LOADING)*

TANK (#1) (_____ IN / _____ IN) - DISTANCE FROM: (RISER / TANK LID / INLET)

OUTLET TEE / OUTLET BAFFLE: (SATISFACTORY / DETERIORATING / MISSING / NOT OBSERVED) - ***DESCRIBE IN COMMENTS***

TANK (#2) (_____ IN / _____ IN) - DISTANCE FROM: (RISER / TANK LID / INLET / N/A)

OUTLET TEE / OUTLET BAFFLE: (SATISFACTORY / DETERIORATING / MISSING / NOT OBSERVED) - ***DESCRIBE IN COMMENTS***

USE CAUTION **AEROBIC TREATMENT DEVICE** (_____ IN / _____IN) - DISTANCE FROM: (RISER / TANK LID / INLET / N/A)

LEACH WELL (#1) (_____ IN / _____ IN) - DISTANCE FROM: (RISER / TANK LID / INLET / N/A)

AIR SPACE MEASURED FROM LEACH WELL INLET TO WATER LEVEL _____IN - ***DESCRIBE IF UNABLE TO DETERMINE***

LEACH WELL (#2) (_____ IN / _____ IN) - DISTANCE FROM: (RISER / TANK LID / INLET / N/A)

AIR SPACE MEASURED FROM LEACH WELL INLET TO WATER LEVEL _____IN - ***DESCRIBE IF UNABLE TO DETERMINE***

VOLUME OF WATER USED DURING HYDRAULIC LOADING?

FLOW RATE: _____ GPM **RUN TIME:** _____ MIN _____ GALLONS

OBSERVABLE EFFLUENT DISCHARGE: ____ CLEAR ____ BLACK ____ CLOUDY ____ ODOR ____ NONE

LOCATION OF DISCHARGE, IF ANY? _____

BLACK WATER ROUTED INTO SEPTIC? (Y / N) **GRAY WATER ROUTED INTO SEPTIC?** (Y / N)

WATER SOFTENER PRESENT? (Y / N) **SOFTENER DISCHARGES TO:** (SEPTIC SYSTEM / EXTERIOR)

FOOTER DISCHARGES TO: (SEPTIC SYSTEM / EXTERIOR / UNKNOWN)

SYSTEM DIFFICULT TO EVALUATE DUE TO: (INACCESSIBLE / DENSE OVERGROWTH / RAINFALL / SNOW COVERED / OTHER / N/A)

COMMENTS CONCERNING SYSTEM: _____

_____

_____

_____

_____

_____

_____

_____

_____

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PROPERTY ADDRESS:_____ **TOWNSHIP:**_____

THIS REPORT IS NOT COMPLETE UNTIL A SEWAGE SYSTEM EVALUATION CERTIFICATE OF REVIEW IS ATTACHED.

BASED ON AVAILABLE INFORMATION, THE HOME SEWAGE TREATMENT SYSTEM:

"NOT FUNCTIONING PROPERLY" MEANS: THE SEWAGE TREATMENT SYSTEM IS CAUSING A PUBLIC HEALTH NUISANCE AS DEFINED BY ORC 3718.011.

_____ APPEARS TO BE FUNCTIONING PROPERLY AT THE DATE AND TIME OF INSPECTION.

_____ IS **NOT** FUNCTIONING PROPERLY AT THE TIME OF INSPECTION AND MUST BE REPAIRED, REPLACED.

_____ DOES NOT APPEAR TO BE FUNCTIONING PROPERLY AND NEEDS FURTHER EVALUATION.

_____ PLUMBING IS NOT PROPERLY ROUTED IN THE SEWAGE TREATMENT SYSTEM, WHICH IS A PUBLIC HEALTH NUISANCE.

_____ APPEARS TO BE FUNCTIONING PROPERLY, HOWEVER, SEE COMMENTS BELOW:

- _____ AVERAGE LIFE EXPECTANCY OF A SEPTIC SYSTEM IS 20-25 YEARS.
- _____ HOME IS VACANT. THEREFORE, THE SEPTIC SYSTEM HAS NOT BEEN IN FULL USE AND MAY NOT SHOW SIGNS OF DEFECT, IF ANY, UNTIL IN FULL USE.
- _____ RECOMMEND TANK (S) TO BE PUMPED, IF NO WRITTEN RECORD IN LAST THREE (3) YEARS
- _____ ALL OR SOME OF THE SYSTEM COMPONENTS ARE UNKNOWN
- _____ CHANGE IN OCCUPANCY, WATER USAGE, OR THE REQUIRED REROUTING OF PLUMBING CAN AFFECT FUTURE PERFORMANCE OF THE SYSTEM.
- _____ SYSTEM DESIGNED TO BE ALTERNATED/DIVERTED. THIS MUST BE DONE REGULARLY.
- _____ ADD RISERS TO SEPTIC TANK (S) TO FACILITATE PUMPING AND SERVICING.
- _____ FOOTER WATER DOES NOT APPEAR TO BE ENTERING SYSTEM, HOWEVER, LEAKING SUMP CROCKS AND/OR BROKEN FOOTER TILES CANNOT BE DETERMINED BY VISUAL INSPECTION.
- _____ A SERVICE CONTRACT IS REQUIRED FOR THIS SEWAGE TREATMENT SYSTEM.

OTHER COMMENTS:_____

_____

_____

INSPECTOR'S SIGNATURE:_____ **PRINT:** _____

INSPECTION DATE(S): _____

THIS EVALUATION ONLY APPLIES TO THE DATE AND TIME THE EVALUATION IS MADE, AND IS BASED ON A VISUAL INSPECTION ONLY. KNOWLEDGE OF THE INDIVIDUAL COMPONENTS MAY BE LIMITED. THIS EVALUATION DOES NOT GUARANTEE THE FUTURE PERFORMANCE OF THE SEWAGE TREATMENT SYSTEM.

FURTHER HEALTH DEPARTMENT RECOMMENDATIONS CAN BE FOUND ON THE CERTIFICATE OF REVIEW.

Property Evaluation Diagram

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INCLUDE: NORTH ARROW, HOME, SEPTIC SYSTEM, WATER WELL/ WATER LINE, DISTANCES, & HARDSCAPES

PROPERTY ADDRESS:_____ **TOWNSHIP:**_____

DISTANCES:	
PRIMARY TREATMENT TO FOUNDATION	
PRIMARY TREATMENT TO DISPERSAL	
PRIMARY TREATMENT TO WATER SOURCE	
PRIMARY TREATMENT TO PROPERTY LINE	
DISPERSAL TO FOUNDATION	
DISPERSAL TO WATER SOURCE	
DISPERSAL TO PROPERTY LINE	

DISTANCES (IF APPLICABLE):	
WATER SOURCE TO FOUNDATION	
WATER SOURCE TO PROPERTY LINE	

MARK N/A IF NOT APPLICABLE

DISTANCES (WHEN 100' OR LESS):	
DISPERSAL TO NEIGH-BORING WELL	
PRIMARY TREATMENT TO NEIGHBORING WELL	

OTHER DISTANCES (DRIVEWAY, POND, R/W, ETC.):	