

SEWAGE SYSTEM EVALUATION

FORM PROVIDED BY: **STARK COUNTY HEALTH DEPARTMENT**
3951 CONVENIENCE CIRCLE NW • CANTON, OH 44718 • PHONE (330) 493-9904 • FAX (330) 493-9920
www.starkhealth.org

THIS INSPECTION WAS CONDUCTED BY: _____ SERVICE PROVIDER#: _____

PROPERTY LOCATION: _____ PARCEL #: _____

CITY: _____ ZIP: _____ MAIL RESULTS TO: _____

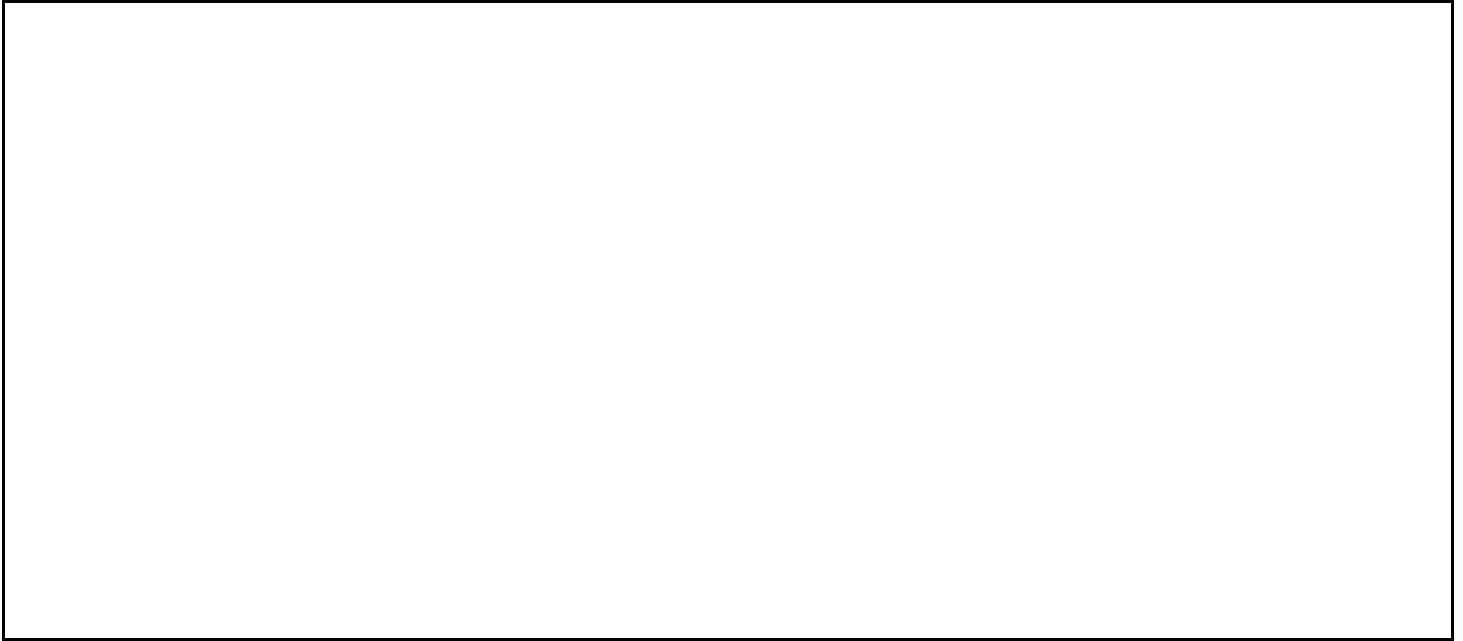
TOWNSHIP: _____ ADDRESS: _____

OWNER: _____ CITY: _____ STATE: _____

OWNERS PHONE: _____ ZIP: _____ PHONE: _____

PERSON RESPONSIBLE FOR ACCESS & TITLE: _____

TELEPHONE (H): _____ (W): _____ (CELL): _____



PROPERTY DIAGRAM, (INCLUDE NORTH ARROW AND DISTANCES)

SANITARY SEWER AVAILABLE? ____ YES ____ NO IS HOME CONNECTED TO SEWER? ____ YES ____ NO

PRIVATE HOME SEWAGE TREATMENT SYSTEM RECORDS AVAILABLE? ____ YES ____ NO (IF YES, ATTACH.)

AGE OF HOME (per County Auditor) : ____ YEARS ____ UNKNOWN AGE OF SYSTEM: ____ YEARS ____ UNKNOWN

AGE INFORMATION FROM : ____ OWNER ____ HEALTH DEPT. RECORDS ____ OTHER , (SEE COMMENTS)

WAS SYSTEM DYE TESTED? (Y / N) VOLUME OF WATER USED DURING HYDRAULIC LOADING _____ GALLONS

LIDS / BOXES EXPOSED? (Y / N) SYSTEM PROBED? (Y / N) WEATHER CONDITIONS: _____

DATE TANK(S) LAST PUMPED: _____ MONTH/YEAR ____ UNKNOWN INFORMATION SOURCE: _____

PRIMARY TREATMENT: _____

SECONDARY TREATMENT AND DISPOSAL: _____

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

LOCATION OF DISCHARGE, IF ANY? _____

WATER / WASTEWATER IS PROPERLY ROUTED: ____ YES ____ NO (IF NO, SEE COMMENTS.)

AT TIME OF INSPECTION HOUSE WAS: ____ OCCUPIED ____ VACANT; HOW LONG (M/Y) _____

SYSTEM IS DIFFICULT TO ADEQUATELY EVALUATE. REASON: _____ INACCESSIBLE _____ DENSE OVERGROWTH
_____ RAIN FALL _____ SNOW COVERED _____ OTHER, (SEE COMMENTS) _____ N/A

COMMENTS CONCERNING THIS SYSTEM: _____

BASED ON AVAILABLE INFORMATION THE HOME SEWAGE TREATMENT SYSTEM:

- _____ 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, OR UPDATED.
- _____ IS FUNCTIONING PROPERLY, HOWEVER, SEE COMMENT BELOW:
 - _____ (1) AVERAGE LIFE EXPECTANCY OF A SEPTIC SYSTEM IS 20-25 YEARS.
 - _____ (2) HOME IS VACANT. THEREFORE, SEPTIC SYSTEM HAS NOT BEEN IN FULL USE AND MAY NOT SHOW SIGNS OF DEFECTS, IF ANY, UNTIL IN FULL USE.
 - _____ (3) RECOMMEND TANK(S) BE PUMPED IF NO WRITTEN RECORD OF PUMPING IN THE LAST THREE (3) YEARS.
 - _____ (4) ALL OR SOME SYSTEM COMPONENTS UNKNOWN.
 - _____ (5) CHANGE IN OCCUPANCY, WATER USAGE, OR THE REQUIRED REROUTING OF PLUMBING CAN AFFECT FUTURE PERFORMANCE OF SYSTEM.
 - _____ (6) SYSTEM IS DESIGNED TO BE ALTERNATED / DIVERTED. THIS MUST BE DONE REGULARLY.
 - _____ (7) ADD RISERS TO SEPTIC TANK(S) TO FACILITATE PUMPING AND SERVICING.

INSPECTOR'S SIGNATURE: _____ 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 CONDITION OR PERFORMANCE OF THE SEWAGE TREATMENT SYSTEM.

Health Department Use Below This Line

_____ THE INSPECTION REPORT WAS REVIEWED BY THE STARK COUNTY HEALTH DEPARTMENT. BASED ON THE INFORMATION PROVIDED, NO FURTHER ACTION IS NECESSARY. THE BUYER SHOULD TAKE NOTE OF THE COMMENTS NOTED ABOVE, IF ANY.

_____ IT WAS DETERMINED THAT THERE IS A PROBLEM WITH THE SEWAGE TREATMENT SYSTEM, AND A REPAIR OR ALTERATION IS NECESSARY WHICH REQUIRES A PERMIT.

_____ IT WAS DETERMINED THAT A ***MINOR PROBLEM*** WITH THE SEWAGE TREATMENT SYSTEM OR HOUSEHOLD PLUMBING EXISTS WHICH ***DOES NOT*** REQUIRE A PERMIT; HOWEVER, RECEIPTS MUST BE SUPPLIED TO THE HEALTH DEPARTMENT TO DEMONSTRATE THAT THE WORK HAS BEEN COMPLETED.

_____ IT WAS DETERMINED THAT A ***PLUMBING PROBLEM*** EXISTS WHICH IS REQUIRED TO BE UPGRADED. THE CORRECTION REQUIRES A PLUMBING PERMIT.

_____ IT WAS DETERMINED THAT SANITARY SEWER IS AVAILABLE TO THE PROPERTY AND THE HOME MUST BE CONNECTED. A SANITARY SEWER CONNECTION PERMIT MUST BE OBTAINED FROM THE SANITARY ENGINEER (OR OTHER APPROPRIATE SEWER ENTITY).

REVIEWED BY: _____ DATE: _____

ADDITIONAL COMMENTS: _____

THE STATEMENTS LISTED ABOVE ARE BASED ON THE REVIEW OF THIS DOCUMENT AND DO NOT REFLECT AN ACTUAL VISIT TO THE PROPERTY BY THE BOARD OF HEALTH. THE CONTENT OF THE REPORT IS THE RESPONSIBILITY OF THE SERVICE PROVIDER PROVIDING THE INSPECTION.

IF CORRECTIONS WERE NECESSARY, ATTACH APPROVED PERMIT OR RECEIPTS:

DATE OF COMPLETION OF CORRECTIONS: _____ REVIEWED BY: _____