



Public Health
Prevent. Promote. Protect.

Washington County Health Department

WASHINGTON COUNTY HEALTH DEPARTMENT

An Equal Opportunity Employer

342 Muskingum Drive

Marietta, Ohio 45750

Phone (740) 374-2782

Fax (740) 376-7074

www.washingtongov.org/health

Sewage Treatment System Inspection Request Form (\$150)

Closing Date: _____

LOCATION OF REQUESTED INSPECTION(S)

Property Owner:	Phone:
Property Address:	

PERSON RESPONSIBLE FOR PROVIDING ACCESS TO PROPERTY

(MUST BE PRESENT DURING INSPECTION)

Name:	Phone:
-------	--------

INFORMATION NEEDED ON HOME SEWAGE TREATMENT SYSTEM (HSTS)

Type of Septic System: [] Leach Field [] Aerator [] Sand Filter [] Other _____

Number of Bedrooms: _____ Original Owner: _____

Location of System (Relative to Home): _____

All Risers to Grade? _____ Last Pumping: _____ Pumper: _____

COMPLETE AND ACCURATE DIRECTIONS TO PROPERTY

I hereby give consent to inspect the HSTS and/or water system at the property described above

Property Owner's Signature _____ Date _____

Realtor/Representative Signature _____ Date _____

For Office Use Only

Sanitarian's Assessment of System(s)

Name: _____ Date of Inspection: _____

1) Primary Treatment

<1,000 Gal. 1,000 Gal. 1,500 Gal. 2,000 Gal. _____ Gal.
 Aeration System: Type _____ Undetermined

2) Secondary Treatment

Leach Field Dry Well Sand Filter Chlorinator Leach Pit Upflow Filter
 Observable Effluent? Clear Cloudy Brown Black

Effluent Discharge Point: _____

Distance From Well: _____

3) General Factors: At Time of Inspection House was: Occupied Vacant

Age of System: _____ Years Original Permit Number: _____

4) Comments Concerning This System

5) From Health Department records and observations, it is my opinion that this HSTS:

_____ is not creating a nuisance at this time. However, this inspection does not guarantee future performance of this HSTS

_____ does not appear to be creating a nuisance, however, see (4) above.

_____ is creating a nuisance and requires repair. See (4) above.

The opinion given may be rendered without knowledge of some of the individual parts of the HSTS and private water system and applies only to the date and time the opinion is made. Therefore, this opinion does NOT guarantee the future performance of either the HSTS or private water systems.

Sanitarian's Signature

Date