



# Nuisance Sewage Treatment System Evaluation

Forms provided by: Huron County Public Health  
28 Executive Drive, Norwalk, OH 44857 | P: 419-668-1652 | F: 567-244-3201 | www.huroncohealth.com

Evaluation was conducted by:		
Property Address:		Parcel #:
City:	Zip Code:	Township:
Owner:	Owner's Phone:	Owner's Cell:

Information	Permit on File: <input type="checkbox"/> Yes <input type="checkbox"/> No	System Type: <input type="checkbox"/> On-Lot <input type="checkbox"/> Off-Lot	
	Sample #1 Collection Date:	Sample #2 Collection Date:	
	Is Sewer Available: <input type="checkbox"/> Yes <input type="checkbox"/> No	Age of Home _____ years	Age of System: _____ years <input type="checkbox"/> Unk
	At Time of Inspection House was: <input type="checkbox"/> Occupied <input type="checkbox"/> Intermittent Use <input type="checkbox"/> Vacant (How long? _____)		

Components	Primary Treatment: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Trash Trap <input type="checkbox"/> Aeration	Volume(s):		
	Dispersal Type: <input type="checkbox"/> Leach Field <input type="checkbox"/> Leach Bed <input type="checkbox"/> ET Mound <input type="checkbox"/> Pressure Dosed Mound	<input type="checkbox"/> Drip <input type="checkbox"/> Spray <input type="checkbox"/> Peat <input type="checkbox"/> Presby	<input type="checkbox"/> Sand Filter Bed <input type="checkbox"/> Low Pressure Pipe <input type="checkbox"/> Direct Discharge	<input type="checkbox"/> Unknown <input type="checkbox"/> Other (see comments)
	Access To: Tank(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	Diversion Box: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Sample Well: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Distribution Box: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Was System Dye Tested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Color of Dye Used:	
Dispersal Field Condition: <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Saturated <input type="checkbox"/> Surface Bleeding <input type="checkbox"/> N/A		
<i>*Note any abnormality in comments</i>		
Drainage: <input type="checkbox"/> Curtain Drain <input type="checkbox"/> Interceptor <input type="checkbox"/> Off-lot Tile	Inspection well: <input type="checkbox"/> Accessible <input type="checkbox"/> Inaccessible <input type="checkbox"/> N/A <input type="checkbox"/> None	
	Outlet Located: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drain Obstructed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/O
Tank #1: Is the Tank Operational as Viewed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tank #2: Is the Tank Operational as Viewed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Observable Effluent Discharge: <input type="checkbox"/> Clear <input type="checkbox"/> Black <input type="checkbox"/> Cloudy <input type="checkbox"/> Odor <input type="checkbox"/> N/O <input type="checkbox"/> N/A		
Location of Discharge, If Any:		
System Eval Difficult Because: <input type="checkbox"/> Inaccessible <input type="checkbox"/> Overgrowth <input type="checkbox"/> Rainfall <input type="checkbox"/> Snow <input type="checkbox"/> Other <input type="checkbox"/> N/A		
Comments Concerning System:		

- System appears to be functioning properly at the date and time of inspection(s).
- 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.

Evaluator's Signature:	Print:
Evaluation 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.*



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