



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

INSPECTION WAS CONDUCTED BY: _____ SERVICE PROVIDER #: _____
PROPERTY ADDRESS: _____ PARCEL #: _____
CITY: _____ ZIP: _____ TOWNSHIP: _____
OWNER: _____ OWNER'S PHONE: _____
BUYER: _____ BUYER'S PHONE: _____
PERSON RESPONSIBLE FOR ACCESS & TITLE: _____
PHONE: _____ CELL: _____ FAX: _____
EMAIL RESULTS TO: _____
(or)MAIL TO: _____ ADDRESS: _____
(or)FAX TO: _____ FAX NUMBER: _____

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: _____ OCCUPIED _____ INTERMITTENT USE _____ VACANT
IF VACANT, HOW LONG? _____
NUMBER OF PEOPLE OCCUPYING STRUCTURE IN THE PAST 3 MONTHS: _____

PRIMARY TREATMENT: _____ SEPTIC TANK _____ TRASH TRAP _____ OTHER **SIZE(S):** _____
DATE TANK(S) LAST PUMPED: _____ **INFO SOURCE:** _____ **PUMPER:** _____
SECONDARY TREATMENT: _____ N/A _____ AERATOR _____ FILTER BED **SIZE:** _____
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)
OTHER DEVICES: _____ LIFT STATION _____ UPFLOW FILTER _____ DIVERSION BOX _____ ZONE VALVE _____ DRAIN

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PROPERTY ADDRESS: _____ TOWNSHIP: _____

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

ACCESS TO SEPTIC TANK? (Y / N) ACCESS TO BOX? (Y / N)

OUTLET TEE/BAFFLE INSPECTED? (Y / N) if no, state reason _____

SYSTEM PROBED? (Y / N) TANK DEPTH _____ LEACH TRENCH/BED DEPTH _____

EFFLUENT LEVEL IN TRENCH INSPECTED? ___ YES ___ NO ___ UNABLE TO LOCATE ___ N/A

WATER LEVEL IN TANK/ AEROBIC TREATMENT DEVICE BEFORE HYDRAULIC LOADING:

VOLUME OF WATER USED DURING HYDRAULIC LOADING? _____ GALLONS

FLOW RATE: _____ G.P.M. RUN TIME: _____ MIN.

WATER LEVEL IN TANK/ AEROBIC TREATMENT DEVICE AFTER HYDRAULIC LOADING:

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 DISCHARGE LOCATION: _____

SYSTEM IS DIFFICULT TO EVALUATE BECAUSE: ___ INACCESSIBLE ___ DENSE OVERGROWTH

___ RAINFALL ___ SNOW COVERED ___ OTHER (see comments) ___ N/A

COMMENTS CONCERNING SYSTEM: _____

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PROPERTY ADDRESS: _____ **TOWNSHIP:** _____

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.

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

_____ IS 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: _____ **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.

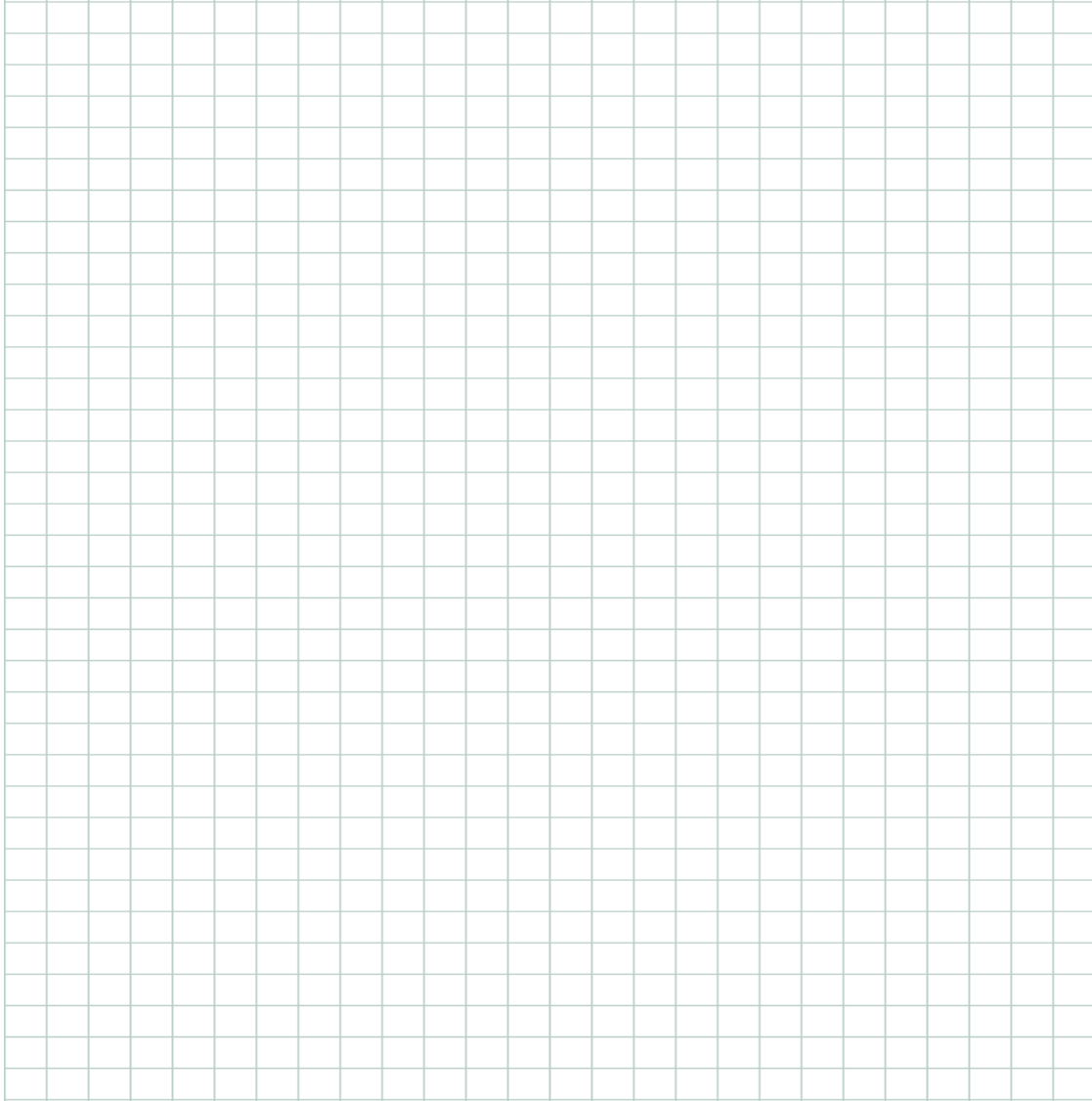
**HEALTH DEPARTMENT RECOMMENDATIONS CAN BE FOUND ON
SEWAGE SYSTEM EVALUATION CERTIFICATE OF REVIEW**

Property Evaluation Diagram

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



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	

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