



SUMMIT COUNTY PUBLIC HEALTH

1867 West Market St. • Akron, Ohio 44313 • 330-926-5600 • Fax 330-923-6436

Septic System Operation/Maintenance Report Sewage Treatment System (STS)

Address: <u>1635 Passler</u>		PSD: <u>Springfield</u>
Mailing Address (If different from above): <u>2270 Myrtle Ave AK 44312</u>		
City: <u>Akron</u>	Zip: <u>44312</u>	Owner: <u>Jeremy Arch</u> Parcel ID: <u>5106450</u>
Phone Number: <u>334-3683</u>		Current Service Contract (SC): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, Date SC Expires: <u>1-1</u> and SC covers all system components: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Tank(s):		
Appear to be structurally sound:		
Inlet(s) and outlets have risers to grade:		
Outlet "T" is present:		
After testing sludge level, tank appears to need pumped:		
Tank is overfull, or above normal operating level?		
Aeration Unit:		
Motor on and functioning: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air intake is open and free of obstructions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
UV light functioning: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List services performed on aeration unit:		
Discharge pipe free of obstructions and damage: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Quality of Effluent(Visual): <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Not Visible (A sample port is required)		
Filter Bed:		
Distribution Box (D-Box) Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Visible		
(If Visible) Obstructions to effluent flow through D-Box: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Discharge pipe free of obstructions and damage: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Quality of Effluent(Visual): <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Not Visible (A sample port is required)		
Discharging STS: <input type="checkbox"/> NPDES Sample taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If sample was taken results must be attach to this form)		
<input type="checkbox"/> Non-NPDES: <input type="checkbox"/> Aeration Unit <input type="checkbox"/> Filter Bed Inspection Port Present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Final Device: (check system type)		
<input checked="" type="checkbox"/> Leaching trenches		
<input type="checkbox"/> Low pressure piping leaching trenches:		
System head pressure <u> </u> ft. Lines need backflushed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Leach/Dry well(s): Tank has riser: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Depth of effluent to top of tank: <u> </u>		
<input type="checkbox"/> Mound: System head pressure: <u> </u> ft. Mound needs backflushed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Drip Distribution: Drip assurance company: <u> </u>		
<input type="checkbox"/> Spray Irrigation		
<input type="checkbox"/> Evapotranspiration (ET's)		
Surfacing/ponding on the surface of the ground: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Set to alternate fields: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, which line/field is now being rested: <u> </u>		
Are distribution boxes to grade: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Distribution boxes overfull: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
At time of inspection overall condition of septic system was: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor		
Comments/Explanation of maintenance performed on STS:		
<u>Recommended locating septic tank for inspection + Pumping</u>		
<u>Recommended septic tank be pumped once every 2-3 yrs</u>		
Service Company Name: <u>Summit Explorative</u>		Service Provider Number: <u>05340</u>
Inspector Name: <u>Jim Osterling</u>	Inspector Signature: <u>[Signature]</u>	Date of Inspection: <u>12/1/13</u>
SCPH Use Only: Follow-up required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
SCPH Representative Name: <u> </u> Employee Number: <u> </u> Date: <u>1/1</u>		