

**MORROW COUNTY HEALTH DISTRICT
NON-MECHANICAL HOUSEHOLD SEWAGE
TREATMENT SYSTEM INSPECTION REPORT**

Address _____ Property owner's name _____
Inspected by _____ Date(s) inspected _____

Is property vacant? Yes No If vacant, do not proceed until occupied for 60 days

Structures on property with plumbing fixtures: House Other (describe) _____

Are additional structures with plumbing fixtures connected to same system as house? Yes No If not, describe in detail where wastewater goes. _____

Did you locate?

Septic Tank(s): Yes No If no, why not? _____

Distribution box: Yes No If no, why not? _____

Sampling wells: Yes No If no, why not? _____

Discharge point: Yes No If no, why not? _____

Animal Guard Attached: Yes No

Approx. distance from top of tank to the top of ground (estimate) _____.

Is the liquid level at normal operating level (approx. 12" air space) in tank? Yes No If no, please explain: _____

Did you observe the plumbing layout in structure and ensure all sanitary waste flows to the tank and all storm water bypasses, using red or purple dye as needed to confirm. Yes No If no, please explain in detail: _____

List all fixtures not connected to system, and where they do go. _____

List all storm connections improperly connected to system. _____

Is existing drawing accurate? Yes No If no, see bottom of form No drawing, see bottom of form

Type of secondary treatment (use probe as needed, if no accurate drawing available): Filter bed
 Leach field Sand mound or ETA mound Dry well Vault privy Leaching privy
 Septic tank only Drip system Spray irrigation Gray water system Aeration (use aeration inspection report) Unknown Other (describe in detail) _____

Any discharge observed: Yes If yes, where? _____ (For example: outlet at ditch, etc., or surfacing on ground, overflowing from tank, etc.) No If no, why not? _____
_____ (For example: leach system working no discharge, or outlet connected to common tile, field tile, etc.)

If yes, is the discharging effluent (check all that applies): Black (includes black solids present) Clear (**no** discolored deposition of sewage solids) Gray (includes gray solids present) Dye present (describe intensity) _____

Any odor present? No Yes If so, describe _____

Did you conduct a flow test (using yellow-green tracing dye, running 48 gallons of water per bedroom)?

Yes No If no, why not? _____

Start time of flow test _____ End time of flow test _____ Amount of water ran _____

Where was water ran? _____

Where was dye introduced? _____

Time increased water flow observed at discharge point _____

Did dye appear? No Yes If so, where? _____ What time? _____

Did water level rise in tank during dye test No Yes If so, how much? _____

Maintenance needed: No Yes If yes, describe in detail _____

Condition of: Tank Satisfactory Unsatisfactory, Describe reason why _____

D-box Satisfactory Unsatisfactory, Describe reason why _____

Outlet baffle tee present Yes No Could not determine

Tank needs pumped

List any repairs, pumping, or other work performed during or after inspection _____

Any other comments _____

*Provide an updated, detailed diagram of system, if not already available, showing location of system components, point of discharge, property lines, water wells, etc. Use a separate sheet of paper, if needed. Our office will review this report and inform owner of any requirements and recommendations.