

# Morrow County Health District Aeration System Inspection Report

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Vacant:  Yes  No If vacant, do not proceed until occupied for 60 days

Inspected By (Company Name): \_\_\_\_\_

Inspection:  Routine  Re-inspection

All plumbing fixtures connected:  Yes  No, if so, list fixtures and discharge location \_\_\_\_\_

Storm water bypasses:  Yes  No, if so, list in detail \_\_\_\_\_

**Primary Treatment:**

Size: \_\_\_\_\_  Trash trap (septic tank)  OK  Baffle (tee) broken/missing  Riser broken/missing  Tank needs pumped  
 Other/Comment \_\_\_\_\_

**Status:**

**Aeration System Type:**

- Aqua Clear  Nayadic
- Jet  Norweco
- Multi-Flo  Oldham
- Aero-Flo  Roll-aire

**Status:**

- OK  Airway needs cleaned  Motor broken/missing  Skimmer needs repaired
- Sludge return needs repaired  Timer needs reset/repared

Other (Please indicate): \_\_\_\_\_  
 Not an aeration system. If so, what type of system is it? (use non-mechanical report) \_\_\_\_\_

**Other Devices:**  None

**Status:**

- Upflow filter  OK  Needs cleaned  Needs repaired \_\_\_\_\_
- Surface sand filter  OK  Needs cleaned  Needs repaired \_\_\_\_\_
- Chlorinator  OK  Needs repaired  Needs tablets \_\_\_\_\_
- Lift pump  OK  Needs repaired/replaced \_\_\_\_\_
- Outlet tile  OK  Needs repaired/replaced  Plugged - needs cleaned \_\_\_\_\_
- Filter bed or leaching device (also use non-mechanical report).
- Other/Comment: \_\_\_\_\_

**Effluent Quality:**  Clear (no solids)  Cloudy  Black  Gray  Undetermined, if so, why? \_\_\_\_\_

**Odor:**  None  Musty  Septic

**Water ran to verify no blockage:**  Yes  No, if not, why not? \_\_\_\_\_

**Dye used to verify discharge point:**  Yes  No

**Discharge To:**  Ditch  Surface  Tile  Stream  Unknown  Other \_\_\_\_\_

**Maintenance Done:**  Clean/repair air shaft  Cleaned Airway  Cleaned BAT system  Cleaned Bio-Kinetic filter  
 Lift pump in filter repaired  Filter backwashed  
 Chlorine tablets added  Changed stone in filter  Checked clarifier for sludge  
 Checked timer Indicate timer settings \_\_\_\_\_  
 Other maintenance (list in detail) \_\_\_\_\_

- This household sewage treatment system appears to be operating as designed.
- This household sewage treatment system is not working properly. Please see below for details.

- Owner handling repairs (re-inspection required to verify completed)  Repair in progress - paperwork to be faxed to 419-946-6807 when completed.
- Repair work completed on \_\_\_\_/\_\_\_\_/\_\_\_\_ & this household sewage treatment system appears to be operating as designed.

**Your next inspection is due:**  one year from today or  by \_\_\_\_/\_\_\_\_/\_\_\_\_