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

Owner: _____________________________ Phone #: _____________________________
Address: __________________________________________________________________________________
Inspected by _____________________________ Date(s) inspected ________________
Inspection: □ Routine □ Follow up maintenance completed
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/chlorinator: □ Yes □ No If no, why not? __________________________________________
Did you add tablets: □ Yes □ No
Discharge point: □ Yes Where does it discharge? □ Ditch □ Surface □ Tile □ Stream □ Unknown
□ Other ___________________ □ No If no, why not? __________________________________________
Animal Guard Attached: □ Yes □ No
Condition of any risers/lids for any components ____________________________________________
_____________________________________________________________________________________

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, attach drawing □ No drawing available, attach drawing
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

Comments ____________________________________________

□ 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. Our office will review this report and inform owner of any requirements and recommendations.