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Inspection Conducted By: _____
Date: _____ Service Provider #: _____
Property Address: _____ Parcel #: _____
City: _____ Zip: _____ Township: _____
Owner: _____ Owner's Phone: _____
Buyer: _____ Buyer's Phone: _____
Person Responsible for Access & Title: _____
Phone: _____ Fax: _____
Provide Results To: _____
Best Method to Deliver Results: _____

SYSTEM INFORMATION

Is home connected to sanitary sewer? Y N Is sewer available? Y N
Are private home sewage treatment system records available? Y N (If yes, please attach)
Age of Home: _____ YRS Age of System: _____ YRS Number of Bedrooms: _____
Age Information From: Owner Health Dept. Auditor Other _____
Recent Weather Conditions: _____
At time of inspection house was: Occupied Intermittent Use Vacant _____
If vacant, how long? _____

SYSTEM COMPONENTS:

Primary Treatment: Septic Tank Trash Trap Other _____ Please Note Volume: _____
Date Tank(s) Last Pumped: _____ Info Source _____ Pumper: _____
Secondary Treatment: N/A Aerator Filter Bed Other _____
Please note type and volume: _____
If aerator, a service contract is required, who is the provider? _____
Dispersal Type: Leach Lines Leach Well Leach Bed ET French Drain Mound Direct Discharge Unknown
Other: _____ Size: _____ FT SQ FT GAL)
Other Devices: Lift Station Upflow Filter Perimeter/Curtain Drain Zone Valve UV Light Re-Aeration
Access To: Septic Tank(s): Y N NA Diversion Box: Y N NA
Distribution Box: Y N NA Leach Well(s): Y N NA

INSPECTION:

Was System dye tested: Y N What color of dye used? _____

Diversion Box: Satisfactory Deteriorating Inhibiting Flow Collapsing Not Observed NA

Distribution Box: Satisfactory Deteriorating Inhibiting Flow Collapsing Not Observed NA

System Probed: Y N Depth of Cover over Tank: _____ Leach Trench / Bed Depth: _____

Effluent Level in Trenches Inspected? Y N NA Unable to Locate *If "No" please state why in comments*

Mark One: Dry Moist Saturated Surfacing Bleeding *Note any abnormalities in comments*

Water Level In: Pre-Hydraulic / Post-Hydraulic Loading

Tank (#1) (_____ IN / _____ IN) – Distance From: Riser Tank Lid Inlet

Outlet Tee / Baffle: Satisfactory Deteriorating Missing Not Observed *Describe in comments*

Tank (#2) (_____ IN / _____ IN) – Distance From: Riser Tank Lid Inlet

Outlet Tee / Baffle: Satisfactory Deteriorating Missing Not Observed *Describe in comments*

Aerobic Treatment Device (_____ IN / _____ IN) – Distance From: Riser Tank Lid Inlet

Leach Well (#1) (_____ IN / _____ IN) – Distance From: : Riser Tank Lid Inlet

Leach Well (#2) (_____ IN / _____ IN) – Distance From: : Riser Tank Lid Inlet

Volume of Water Used During Hydraulic Loading: Flow Rate: _____ GPM Run Time: _____ MIN Gallons: _____

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: Septic System Exterior

Footer Discharge Location: Septic System Exterior- Sump Discharge Exterior Gravity

Do Gray Water and Footer Drain share the same sump? Y N NA

Is system difficult to evaluate because: Inaccessible Dense Overgrowth Rain Snow Other NA *Explain in Comments*

Comments Concerning System: _____

DISTANCES:

Primary Treatment to Foundation: _____ Water Source to Foundation: _____ Water Source to Property Line: _____

Primary Treatment to Dispersal: _____ Primary Treatment to Water Source: _____ Primary Treatment to Property Line: _____

Primary Treatment to Neighboring Well: _____ Dispersal to Neighboring Well: _____ Dispersal to Foundation: _____

Dispersal to Water Source: _____ Dispersal to Property Line: _____

Based upon the available information, the home sewage treatment system located at: _____
_____ is:

- 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, some plumbing is not properly routed in the sewage treatment system, which is a public health nuisance.
- Is functioning properly, however, see comments below:
 - Average life expectancy of 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) be pumped, if no written record in the last three 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: _____
INSPECTOR'S PRINTED NAME: _____
INSPECTION DATE(S): _____

THIS REPORT IS NOT COMPLETE UNTIL A SEWAGE SYSTEM EVALUATION CERTIFICATE OF REVIEW IS ATTACHED.

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.

