



PO BOX 624, 801 ELMRIDGE AVE, CANAL FULTON, OH 44614
 PHONE – 330-854-4405 FAX – 330-854-5799

O&M SERVICE PROVIDED ON: _____ COUNTY: _____
 PROPERTY OWNER'S NAME: _____ PARCEL #: _____
 PROPERTY ADDRESS: _____ CITY: _____ ZIP: _____
 PHONE: _____ SERVICE CONTRACT: ___ YES/___ NO EXPIRATION DATE: _____
 STICKER #: _____

TANK LID TYPE: ___ PRECAST CONCRETE ___ STEEL PLATE LID CONDITION: Lids intact and in one piece? ___ Y/___ N
 Are lids to grade? ___ Y/___ N

| | | |
|---|----------------|---|
| TANK CONDITION: | TANK(S) | AEROBIC TREATMENT SYSTEM MFG: _____ |
| Appears to be structurally sound: | ___ Yes ___ No | ___ Non-NPDES ___ Aeration Unit ___ FilterBed ___ Inspection Port Present |
| Inlet(s) and outlets have risers to grade: | ___ Yes ___ No | Air intake is open & free of obstructions: ___ Yes ___ No |
| Outlet "T" is present: | ___ Yes ___ No | UV light functioning: ___ Yes ___ No ___ N/A |
| Sludge test indicated pumping is needed: | ___ Yes ___ No | Motor on and functioning: ___ Yes ___ No |
| Tank overflow/above normal operating level: | ___ Yes ___ No | Are all components present and not modified: ___ Yes ___ No |
| Cracks with visible gaps on interior of the tanks: | ___ Yes ___ No | Servicing: ___ Blower ___ Aerator ___ Bio-kinetic filter ___ Trio BioFilter |
| If YES, specify which tank(s) & describe in detail: | | ___ Upflow filter ___ Other filtration ___ Bat Media ___ UV Light |

Disinfection Unit: ___ Chlorine ___ Ultraviolet Light ___ Dechlorination ___ Other _____
 Quality of effluent (visual) ___ Clear ___ Cloudy ___ Grey ___ Black ___ Not Visible (A sample port is required)

DISCHARGE STS: ___ NPDES Sample Taken ___ Yes ___ No (If sample taken results must be attached to this form)

FILTER BED: ___ Distribution Box (D-Box) ___ Good ___ Fair ___ Poor ___ Not Visible
 (If visible) Obstructions to effluent flow through D-Box? ___ Yes ___ No
 Discharge pipe free of obstructions and damage? ___ Yes ___ No
 Quality of effluent(visual) ___ Clear ___ Cloudy ___ Grey ___ Black ___ Not visible(A sample port is required)

FINAL DEVICE (check system type)
 ___ Leaching trenches
 ___ Low pressure piping leaching trenches
 ___ System Head pressure ___ ft. Lines need back flushed: ___ Yes ___ No
 ___ Leach/Dry well(s) Tank has riser ___ Yes ___ No Depth of effluent to top of tank _____
 ___ Mound: System head pressure: ___ ft Mound need back flushed: ___ Yes ___ No
 ___ Drip Distribution: Drip assurance company: _____
 ___ Spray Irrigation
 ___ Evapotranspiration (ET's)
 Any surfacing, ponding or breakouts? ___ Yes ___ No
 Set to alternate fields? ___ Yes ___ No If yes, which line/field is not being rested? _____
 Are distribution boxes to grade? ___ Yes ___ No Distribution boxes overfull? ___ Yes ___ No

OVERALL SYSTEM CONDITION: ___ GOOD ___ FAIR ___ POOR
 COMMENTS: _____

Technician Name: _____ Technician Signature: _____