



ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION
ON-SITE SEWAGE TREATMENT SYSTEM INSPECTION REPORT

Authorization No. _____
 System No. _____
 Date Final Rec'd _____

PLEASE PRINT

I. PROPERTY INFORMATION:

Name / Mailing Address of Owner: _____
First Name Last Name Address City State Zip Code

Owner's E-Mail Address (Optional): _____

Property Address: _____ **OK**
Street Address City State Zip Code County

Legal Description: _____
¼ and ½ 's Section Township Range Lot Block Subdivision

Finding Location: _____
(Blocks or miles from a given point)

II. GENERAL INFORMATION:

TYPE OF WORK: New Installation Modification Repair ALTERNATIVE SYSTEM: Yes No Type: _____

TYPE OF SYSTEM: Conv Subsurface Low Pressure Dosing Shallow Ext Lagoon ET/A Aerobic Aerobic w/Nitrogen Reduction Mfg _____

DESIGN FLOW: Individual w/ _____ bedrooms Small Public System _____ gal/day - Type: _____

REPORT FOR ON-SITE SEWAGE COMPLETED BY: _____ CLASSIFIED AS CLASS V INJECTION WELL: Yes No
First Name Last Name

SOIL TEST RESULTS: None Soil Group _____ Percolation Rate _____ min/in DATE SOIL TEST CONDUCTED: _____

III. SYSTEM COMPONENTS:

Complete all relevant information for each component installed, modified or repaired.

			NOTES
LIFT STATION	Tank: <input type="checkbox"/> Plastic/Fiberglass <input type="checkbox"/> Concrete	Liquid capacity: _____ gallons	
TRASH TANK / SEPTIC TANK	Tank: <input type="checkbox"/> Plastic/Fiberglass <input type="checkbox"/> Concrete	Liquid capacity: _____ gallons	
AEROBIC TREATMENT UNIT	ATU: <input type="checkbox"/> Plastic/Fiberglass <input type="checkbox"/> Concrete	Capacity rating: _____ gpd	
FLOW EQUALIZATION TANK	Tank: <input type="checkbox"/> Plastic/Fiberglass <input type="checkbox"/> Concrete	Liquid capacity: _____ gallons Dosing rate: _____ gph	
LOW PRESSURE DOSING TANK	Tank: <input type="checkbox"/> Plastic/Fiberglass <input type="checkbox"/> Concrete	Liquid capacity: _____ gallons Dosing rate: _____ gph	
DISINFECTION	Method of Disinfection Used: <input type="checkbox"/> Liquid Chlorinator <input type="checkbox"/> ANSI/NSF 46		
ATU PUMP TANK	Tank: <input type="checkbox"/> Plastic/Fiberglass <input type="checkbox"/> Concrete	Liquid capacity: _____ gallons	
IRRIGATION	<input type="checkbox"/> Drip - Total length of line: _____ feet <input type="checkbox"/> Spray -Total irrigation area: _____ ft ²		
ABSORPTION TRENCHES	Retention structures used: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total trench length: _____ feet Trench depth: _____ inches	
	Media used: <input type="checkbox"/> Rock <input type="checkbox"/> Chambers <input type="checkbox"/> Polystyrene <input type="checkbox"/> Other: _____	Media depth: _____ inches	
LAGOON	Bottom dimensions: _____ feet x _____ feet		

IV. INSTALLER INFORMATION:

Name: _____ Date Work Completed: _____ Is Installer Certified: Yes No
First Name Last Name

Mailing Address: _____ Phone #: _____
Address City State Zip Code

V. CERTIFIED INSTALLER USE ONLY:

I hereby certify that I installed / modified / repaired the above-described on-site sewage treatment system in compliance with OAC 252:641.

Installer's Signature Installer's Certification # Date Signed

VI. DEQ USE ONLY:

<input type="checkbox"/> SYSTEM INSPECTED BY DEQ ON (Date): <input type="checkbox"/> DEQ Final Inspection <input type="checkbox"/> This system COMPLIES with OAC 252:641 <input type="checkbox"/> Joint Inspection <input type="checkbox"/> This system FAILS to comply with OAC 252:641	OR	<input type="checkbox"/> DEQ REVIEWED CERTIFIED INSTALLER'S FINAL INSPECTION <input type="checkbox"/> Date Filed: _____ <input type="checkbox"/> Date Rejected: _____ Notes: _____
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Environmental Specialist's Signature Employee ID Date Signed Date Paperwork Issued

VII. SEPARATION DISTANCES:

Record all applicable separation distances in feet.

	Trash Tank/ Septic Tank	Flow Equalization Tank	Lift Station	ATU	Pump Tank	Solid Pipe	Perforated Pipe / Chambers	Sprinkler Heads	Sprinkler Spray	Drip Irrigation Lines	Lagoon
Private Water Supply:											
Public Water Supply:											
Buildings:						N/A		N/A	N/A		
Other Structures:	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Waterline:									N/A		
Property Line:											
Impoundment/Stream:						N/A					
French Drain:						N/A					

VIII. LAYOUT OF SYSTEM:

Sketch a detailed drawing of the system installation/ modification in the box below making sure to differentiate between existing components and new or modified ones.

SKETCH



REMARKS:

