

<p style="text-align: center;">?</p> <p>Highland County General Health District 1487 N. High St. Suite 400 Hillsboro, Ohio 45133 Phone: (937) 393-1941 Fax: (937) 393-4694 Website: www.highlandcountyhealth.org Email: info@highlandcountyhealth.org</p>		<h2 style="margin: 0;">Failing Sewage Treatment System Inspection Request</h2>
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THIS IS A PUBLIC RECORD. ANY INFORMATION YOU SUBMIT ON THIS FORM IS AVAILABLE FOR PUBLIC REVIEW.	
INSTRUCTIONS	FEE: NO CHARGE Effective 1/2/2023
<p>The Highland County Health Department (HCHD) provides a service free of charge to inspect any sewage treatment system (STS) that is disclosed to be failing or not operating properly. The purpose of this inspection is to determine if an existing system is in need of repair or replacement and to suggest or advise a proper course of action to correct the malfunction. You may also contact a registered STS contractor to inspect your STS. If repairs or replacement is necessary, you may need to contact a soil evaluator and STS designer for a repair or replacement plan. A list of contractors, soil evaluators, and system designers is available at our office or on our website.</p> <p>To formally request the HCHD inspect your failing STS, complete this inspection request form and questionnaire and return to the HCHD. Any covered or buried access lids on the septic tank and/or distribution box should be uncovered prior to an inspection. Diagnosing the problem and presenting a repair plan may not be possible without the ability to observe all components of the STS. Pumping of the tank just prior to the inspection is recommended.</p> <p>NOTE: When planning a repair or replacement of your existing STS, a site evaluation must also be performed by the HCHD. Complete a site evaluation application and return to the HCHD to begin this process. Remember, any STS repair or replacement requires a permit from the HCHD. Please consult with HCHD staff with any questions regarding this matter.</p>	

PROPERTY OWNER INFORMATION	
Owner Name:	
Owner Mailing Address:	
City:	State:
Property Address (<i>if different from above</i>):	
City:	Zip:
Daytime Phone:	Email Address (<i>optional</i>):

QUESTIONNAIRE
1. What year was your sewage treatment system installed (if known)?
2. Who was the original owner of the property when the system was installed (if known)?
3. How many people live in the house(s) your system serves?

4. What is your average monthly water usage in gallons? <i>If the house has a public water supply, this information can be obtained from your water bill. If the house has a private water supply, it may not be possible to get this information. If your sewage treatment system is failing, it would be beneficial to install a water meter on your private water supply.</i>
5. When was the septic tank last pumped?
6. How often do you pump the tank? <i>Circle one.</i> a. Every 1 to 3 years d. Only when a back-up occurs b. Every 4 to 6 years e. Never c. Every 7 to 10 years
7. How often do you do laundry? <i>Circle one.</i> a. 1 to 2 days per week b. 3 to 4 days per week c. 5 to 7 days per week
8. How many loads of laundry are done per day on average?
9. Are there any leaking plumbing fixtures in the house? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Leaking fixtures such as faucets that drip or toilets that keep running.</i>
10. Do all plumbing fixtures drain to your sewage treatment system? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, which fixtures do not drain to the STS?
11. Do you use one or more of the following? <i>Circle all that apply.</i> a. A garbage disposal d. Toilet bowl sanitizer (in the tank puck) b. A water softener e. Caustic cleansers c. Ridex or similar tank additive
12. What type of problems/symptoms are you experiencing with your sewage treatment system? <i>Circle all that apply.</i> a. Wastewater backing up into the house plumbing b. Toilets, sinks, and bathtubs draining slowly c. Gurgling sounds in the plumbing d. Standing water or damp spots near the septic tank or drainfield e. Sewage odors around the septic tank or drainfield f. Bright green, spongy lush grass over the septic tank or drainfield, even during dry weather g. Straight pipe discharging untreated wastewater to the ground surface h. Mechanical devices such as motors, pumps, floats, or alarms not operating properly i. Other:
13. How long have you been experiencing these problems/ symptoms with your sewage treatment system?

Office Use Only		
Date application received:	Scheduled appointment date:	Time:
Summary of inspection Results: <i>See the Sewage Treatment System Evaluation Report for details.</i>		
<input type="checkbox"/> APPROVED - System appeared to be operating properly. Repair or replacement of the system is not necessary or recommended.		
<input type="checkbox"/> CONDITIONAL APPROVAL - System did not appear to be operating properly, however no nuisance was observed. Repair or replacement is recommended.		
<input type="checkbox"/> DISAPPROVED - System was creating a health nuisance. Repair or replacement of the system is required at this time.		
Inspecting Sanitarian/ EHS:	Inspection date(s):	

