



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:
Full Name Address City State Zip Code
Property Address:
Street Address City State Zip Code County
Legal Description:
Finding Location:
(Blocks or miles from a given point)

II. GENERAL INFORMATION:

TYPE OF WORK: New Installation Modification Repair ALTERNATIVE SYSTEM: Yes - Type: No
TYPE OF SYSTEM: Conventional Subsurface Low Pressure Dosing Shallow Extended Lagoon ET/A Aerobic - Manufacturer:
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
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.

Table with columns for component name, material/type, capacity/rating, and notes. Components include Lift Station, Trash Tank, Aerobic Treatment Unit, Flow Equalization Tank, Low Pressure Dosing Tank, Disinfection, ATU Pump Tank, Irrigation, Absorption Trenches, and Lagoon.

IV. INSTALLER INFORMATION:

Name: Date Work Completed: Is Installer Certified: Yes No
Mailing Address: Address City State Zip Code Phone #:

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:

System Inspected by DEQ on (Date):
DEQ Final Inspection This system COMPLIES with OAC 252:641
Joint Inspection This system FAILS to comply with OAC 252:641

OR

DEQ Reviewed Certified Installer's Final Inspection
Date Filed: Date Rejected:
Notes:

Environmental Specialist's Signature

Employee ID

Date Signed

Date Paperwork Issued

NOTE: Record separation distances and sketch the layout of the system on the back of this form

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



Large empty rectangular box for sketching the system layout.

REMARKS:

Large empty rectangular box for entering remarks.

