



Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313-6901
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www.scph.org

SEWAGE TREATMENT SYSTEM (STS) IDENTIFICATION REPORT

Property Address: _____	Parcel ID: _____
Owner Name: _____	Inspection Date: _____

STS Type (please check one):

Discharging:

- Discharging filter bed
- Discharging aerator installed before 2007
- NPDES aerator installed after 2007

Pressurized:

- Septic tank to low pressure leach line
- Aerator to low pressure leach lines
- Filter bed to a mound
- Aerator to a mound
- Drip Distribution
- Spray irrigation

Evapotranspiration Lines (ET's):

- Filter bed to ET's
- Aerator to ET's

Leaching (traditional):

- Septic tank to leach well
- Septic tank to leach field / tile field
- Aerator to leach well
- Aerator to leach field / tile field

Other: (please describe)

Service Company: _____	Service Provider No: _____
Inspector Name: _____	Inspector Signature: _____

SCPH USE ONLY:

Operation Permit System Type:

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Aerator | <input type="checkbox"/> Filter bed | <input type="checkbox"/> Septic to leaching |
| <input type="checkbox"/> Drip distribution | <input type="checkbox"/> Low pressure | <input type="checkbox"/> Spray irrigation |
| <input type="checkbox"/> ETs or pretreatment to leaching trenches | <input type="checkbox"/> NPDES | <input type="checkbox"/> Other |

Reviewer's Initials: _____ Employee Number: _____ Date: _____