



# Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313-6901  
Phone: (330) 926-5600 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-6436  
www.scph.org

**Property Address:** \_\_\_\_\_ **Parcel ID:** \_\_\_\_\_

*Mailing Address (if different)* \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**System Type**

Tile Field       Evapotranspiration       Low pressure pipe trenches       Drip Distribution  
 Leach Well       Mound       Discharging (non-NPDES)       Unknown  
 Dry Bed/ Leach Area       Spray Irrigation       Discharging (NPDES)

Septic Tank 1 <input type="checkbox"/> N/A	Septic Tank 2 <input type="checkbox"/> N/A
Risers to grade <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Risers to grade <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Sludge levels checked <input type="checkbox"/> Yes <input type="checkbox"/> No	Check sludge levels <input type="checkbox"/> Yes <input type="checkbox"/> No
Recommend pumping <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Recommend pumping <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Tank Condition <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unknown	Tank Condition <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unknown

Mechanical components are operational (motor, UV light, pumps, etc)  Yes  No  Unknown  N/A

Distribution boxes free from obstructions  Yes  No  Unknown  N/A

Surfacing or ponding observed on ground  Yes  No  Unknown  N/A

System Discharges  Yes\*  No  Unknown  N/A

\*If yes, quality of discharge was:  Clear  Cloudy  Gray  Black  Musty  Septic  N/A

NPDES sample taken  Yes  No  NA

**Overall condition of system is:**  Good  Fair  Poor  Unknown

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Service Company: \_\_\_\_\_ Service Provider No \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Inspector Name: \_\_\_\_\_ Inspector Signature: \_\_\_\_\_

**SCPH USE ONLY:**

Follow Up Required:  Yes  No

Reviewed by (Initial) \_\_\_\_\_ Employee Number: \_\_\_\_\_ Date: \_\_\_\_\_