



Evaluation Form for Existing Household Sewage Treatment Systems

Applicant Information

(Complete the following information)

Property Owner:	Phone #:
Mailing Address:	City/State/Zip:
Property Address:	City/Zip:
Email:	Township:

Household Sewage Treatment System Information

(Complete the following information)

Primary Component <input type="checkbox"/> Septic Tank <input type="checkbox"/> Aeration Unit	Size of Tank: (Gallons)	Risers to Grade <input type="checkbox"/> Yes <input type="checkbox"/> No	Aeration Manufacturer:	Mechanical Components Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mechanical Components Operational: <input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary Component:					
<input type="checkbox"/> Leaching Tile Field (Stone & Pipe) <input type="checkbox"/> Leaching Tile Field (Gravel-less) <input type="checkbox"/> Subsurface Sand Filter <input type="checkbox"/> Mound <input type="checkbox"/> Aeration Unit <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown					

Distribution Box(s) Present <input type="checkbox"/> Yes <input type="checkbox"/> No	Perimeter Drain Present: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Discharge Location _____	Sewage Nuisance Observed at outlet: <input type="checkbox"/> Yes <input type="checkbox"/> No
Riser to Grade <input type="checkbox"/> Yes <input type="checkbox"/> No	Inspection Port to Grade: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sewage Nuisance Observed within 200': <input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Pumped within 12 months: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, Sludge Layer <30%: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Septage Hauler:

This system appears to be functioning as initially designed and installed: Yes No
If no, describe why or location of nuisance conditions:

In the space below, please provide a diagram of the system including all components and measurements along with buildings and property lines if no permit is on file

North



South

Comments/System Maintenance Recommendations: _____

The evaluation is based on what was apparent on the particular days of inspection. This does not in any way constitute a guarantee or warranty on the septic system, nor does this imply that all relevant information is available to the service provider.

Service Provider: _____ Date: _____
Company Name Signature

Sanitarian Review: _____ Date: _____

Re-evaluation Required: ____ Yes, ____ No O&M Permit #: _____

Length of Operation Permit: 1 Year 3 Years 5 Years 10 Years