



Public Health
Prevent. Promote. Protect.
**Tuscarawas County
Health Department**

Tuscarawas County Health Department

POINT OF SALE INSPECTION

Sewage Treatment System (STS) and/or
Private Water System (PWS)

Company:		<u> </u> Private Water Contractor
		ODH Registration #:
Inspector Name:		<u> </u> Registered Service Provider
		TCHD Registration #:
Phone Number:		
Email Address:		
Inspections Performed:		
	STS Inspection	Date of Inspection:
	PWS Inspection	Date of Inspection:
Water Analysis:		
	Bacteria	
	Lead	
	Nitrate	
Location Evaluated:		
Address:		
City/State/Zip Code:		
Township:	Parcel ID#:	
Results to be Communicated and Mailed to:		
Name:		
Address:		
City/State/Zip Code:		
Township:	Parcel ID#:	
Email address:		
Home Information:		
Number of bedrooms:	Date septic was last pumped:	
Lot size:	Age of septic system:	
Year home was built:	Is the house occupied:	



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(330) 343-1601



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The Property Has (Check all that apply):	
	HSTS
	Municipal Sewer
	PWS
	Public Water
Records Available (If available, attach to report)	
	HSTS Records
	PWS Records

The following observations are rendered without knowledge of some of the individual parts of the system(s) being evaluated. This report only applies to the date and time the inspection is conducted and does not guarantee the future performance of the system(s) evaluated. The boxes below only represent the conclusion of the inspector. For details, please read the entire report.

Based on the information available at the time of the inspection, the HSTS: N/A

- _____ 1. Appears to be functioning as designed and no nuisance was observed.
- _____ 2. Is creating a nuisance and must be brought into compliance. See comments section for additional information and contact TCHD at (330) 343-5550.
- _____ 3. Due to vacancy, intermittent use, or lack of available water for testing purposed, the functionality of the STS cannot be determined at this time. A reinspection is recommended once the structure is occupied for a minimum of 6 months.
- _____ 4. The system is a discharging STS. A sample port must be installed to determine effluent quality. A reinspection is required.
- _____ 5. Leach wells must be abandoned and system replaced when they create a nuisance.
- _____ 6. System falls under NPDES guidelines and therefore requires submission of application for transfer of NPDES Permit from the Ohio EPA, annual sampling, and maintenance of a service contract. Permit to be renewed on a 5-year cycle.
- _____ 7. All or some sewage treatment system components unknown.
- _____ 8. System is designed to be alternated/diverted. This must be done every 6 months.
- _____ 9. Appears to have sewer available. Please contact local sewer authority to ensure sewer availability. If available, STS must be properly abandoned under permit and structure tied into sewer.

Based on the information available at the time of the inspection, the PWS: ____ N/A

____ 1. Acceptable for the property.

____ 2. Unacceptable for the property.

____ Once the bacteriological acceptable sample result is received, the PWS will be considered acceptable for the property.

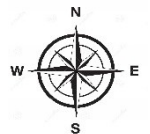
Inspector's Signature: _____

Property Address: _____

Diagram of the property, including the following:

1. Location of the house
2. Location of the PWS, STS, “city water” line and sanitary sewer line, as applicable.
3. Distances in feet between any and all of the above components as well as to the house, all property lines and any other notable features or structures on the property.

* Distances estimated



Property Address: _____

Year STS was Installed:	
Information Provided by: (owner, Health Dept, other)	
Variance issued for current system: (Y/N)	
At the time of inspection was house occupied: (Y/N)	
If Vacant, length of vacancy:	
Number of occupants living in the house in the last 3 months:	

Septic Tank(s)	Inlets have riser(s) to grade:	Outlets have riser(s) to grade:	Inlet Baffle present:	Outlet Baffle present:	Were tank lids accessible/able to be removed?
Tank 1 (Yes, No, N/A, UNK*)					
Tank 2 (Yes, No, N/A, UNK*)					

*If Unknown, please specify in comments section

Tank 1 Size: _____ gallons Tank 2 Size: _____ gallons

1. System has an aerator component: Yes / No
 - a. If yes: Manufacturer: _____
 - b. System under current service contract: Yes / No
2. Tank(s) were last pumped: Month _____ Year _____
3. Water level in tank(s) and/or aerobic treatment device before hydraulic loading: **Tank 1:** _____
Tank 2: _____
4. Water level in tank(s) and/or aerobic treatment device after hydraulic loading: **Tank 1:** _____
Tank 2: _____
5. Volume of water used during hydraulic loading: _____ gallons
 - a. System was dye tested: Yes / No (If No, why not?) _____
 - b. If yes, the location(s) the dye was placed: _____

System Type:							
	Tile Field		Spray Irrigation		Leach Well		Drip Distribution
	Dry Bed/ Leach Area		Low Pressure Pipe Field		Mound		Discharging
	Evapotranspiration		Unknown				

6. System designed to alternate: Yes / No
 - a. If yes, which side is currently in use: _____
7. System has a filter bed: Yes /No If yes, the size is: _____

HSTS Inspection: (continued)

Property Address: _____

Location of the observed discharge (if applicable): _____

The discharge was not observable due to (if applicable): _____

A sample of the discharge was collected: Yes / No

- If yes, the sample results are attached to this report.

Quality / description of the observable discharge:			
<input type="checkbox"/>	Clear	<input type="checkbox"/>	Cloudy
<input type="checkbox"/>	Septic	<input type="checkbox"/>	Musty
<input type="checkbox"/>	Grey	<input type="checkbox"/>	Odorless
<input type="checkbox"/>	Black	<input type="checkbox"/>	None

Is ALL wastewater (black and gray) properly conveyed from dwelling to STS: Yes / No

- If no, see the comments below for details.

Inspection comments and additional observation:

This HSTS was difficult to evaluate due to:

_____ Dense overgrowth _____ Snow cover _____ Significant rain fall or snow melt

_____ Inaccessibility _____ Lack of Records

_____ Other : _____

Comments: _____

(Continued onto next page.)

PWS: _____N/A

Property Address: _____

Name of contractor who constructed the PWS: _____

Year the PWS was constructed: _____

A variance was issued for the current PWS: Yes / No / Unknown

PWS Type:			
	Drilled well		Spring
	Driven well		Pond
	Dug well		Hauled water storage
	Cistern		Other:

PWS Observed to be:			
	Outside the foundation		Exposed _____ inches above grade
	Inside the foundation		Unable to locate
	In a well pit		Other:

Type of Casing:	
	Steel
	Plastic
	Other:

Casing length: _____ feet Casing diameter: _____ inches Depth of well _____ feet

Well cap is:			
	Vermin Proof		Non-vermin Proof
	Well Seal		Unknown

Electrical Conduit is seated in the well cap: Yes / No / N/A

Visible signs of a non-sealed cap are observed: Yes / No / N/A

If yes, explain: _____

Atmospheric water storage or reservoir tank(s) use: Yes / No If yes, # of tanks: _____

Approximate size: _____ gallons each Location of tanks: _____

Type of pump: _____ submersible _____ Jet- location: _____

Is PWS accessible for cleaning with a drilling rig: Yes / No / Unknown

PWS: _____N/A

Property Address: _____

Is the PWS accessible for chlorination: Yes / No / Unknown

If no, the reason is: _____

Continuous disinfection is used: Yes / No

If yes, the type is: _____Chlorine _____UV light _____Other: _____

For cisterns only, roof washers are in place: Yes / No // Unknown / N/A

If yes, how many: _____

For cisterns and hauled water storage tanks, the tank(s) are watertight and protected from potential sources of contamination: Yes / No / / Unknown / N/A

If no, the reason is: _____

Flow rates: (in gallons per minute)

Initial flow rate at the beginning of the inspection: _____

Flow rate after 35 minutes of flow: _____

Location of the flow rate measurement: _____

Pump cavitated or stopped pumping water during measurement: Yes / No

Well Head/Cistern/Spring*:

Isolation distances:

- 5 ft. from driveway(s): Yes / No _____
- 10 ft. from structure(s)/property lines: Yes / No _____
- 20 ft. from fuel/propane tank Yes / No _____
- 50 ft. from STS components: Yes / No _____

Pressure Tank location: _____

- Smooth-nose (non-threaded) sample tap: Yes / No
 - o Located before the pressure tank: Yes / No (If no, where: _____)
- Pressure relieve valve: Yes / No
- Elevated 8" above ground: Yes / No

*New/replacement PWS that are constructed today would be required to follow the provisions set forth in OAC

3701-28.

PWS: _____ N/A

Property Address: _____

Water Sample Screening Results:

Chlorine: _____ parts per million

Nitrate: _____ parts per million

Lead (if applicable): _____ Hours since water was last used: _____

Sample collected: _____ at first draw; or _____ after purging system

Sample Type:	Date:	Location of Sample:	Lab Result:	Conclusion (Acceptable / Unacceptable)

Acceptable Drinking Water Contamination Limits:
Total Coliform: 4.0 CFU/100mL
E. Coli: 0.0 CFI/100ML
Lead: 15.0 ug/L
Nitrate: 10.0 mg/L
Nitrite: 1.0 mg/L

Inspection comments and additional observations: _____
