



Clermont County  
Public Health  
Present. Promote. Protect.

**Clermont County Public Health  
Generic System.  
SERVICE / INSPECTION FORM**

Property Owner \_\_\_\_\_

Address \_\_\_\_\_

Service Performed by \_\_\_\_\_

Date of Service/Inspection \_\_\_\_\_

Type of System \_\_\_\_\_

Installer \_\_\_\_\_

**SEPTIC TANK:**

Tank Capacity:           \_\_1000       \_\_1500       \_\_2000       other \_\_\_\_\_ (gal)

<b>Lids:</b>				<b>Notes</b>
Serviceable	YES	NO	N/A	
Secure	YES	NO	N/A	
Signs of infiltration	YES	NO	N/A	
<b>Riser(s):</b>				
Signs of infiltration	YES	NO	N/A	
<b>Filter:</b>	YES			
Cleaned		NO	N/A	
Handle/removable	YES	NO	N/A	
<b>Pump</b>				
Cleaned	YES	NO	N/A	
Pull rope attached	YES	NO	N/A	
<b>Floats/Transducer</b>				
Control operational?	YES	NO	N/A	
Alarm(s) operational?	YES	NO	N/A	
Float tree/transducer securely attached	YES	NO	N/A	
<b>Tank:</b>				
Sludge depth	_____ inches			
Scum depth	_____ inches			
Signs of infiltration?	YES	NO	N/A	
Sewage on surface of ground?	YES	NO		

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOSE TANK:**

Capacity:           750           1000           1500       other \_\_\_\_\_ (gal)

<b>Lids:</b>				<b>Notes</b>
Serviceable	YES	NO	N/A	
Secure	YES	NO	N/A	
Signs of infiltration	YES	NO	N/A	
<b>Riser(s):</b>				
Signs of infiltration	YES	NO	N/A	
<b>Filter:</b>				
Cleaned	YES	NO	N/A	

Handle/removable	YES	NO	N/A	
<b>Pump</b>				
Cleaned	YES	NO	N/A	
Pull rope attached	YES	NO	N/A	
<b>Floats/Transducer</b>				
Control operational?	YES	NO	N/A	
Alarm(s) operational?	YES	NO	N/A	
Float tree/Transducer securely attached	YES	NO	N/A	
<b>Tank:</b>				
Sludge depth	___ inches			Should be minimal
Scum depth	___ inches			Should be minimal to none
Signs of infiltration	YES	NO	N/A	
Sewage on surface of ground?	YES	NO		

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRETREATMENT UNIT:** (follow manufactures checklist for routine maintenance)

<b>Pump Basin</b>				
<b>Lids:</b>				<b>Notes</b>
Serviceable	YES	NO	N/A	
Secure	YES	NO	N/A	
Signs of infiltration	YES	NO	N/A	
<b>Riser(s):</b>				
Signs of infiltration	YES	NO	N/A	
<b>Pump</b>				
Cleaned	YES	NO	N/A	
Pull rope attached	YES	NO	N/A	
<b>Floats/Transducer</b>				
Control operational?	YES	NO	N/A	
Alarm(s) operational?	YES	NO	N/A	
Float tree/Transducer securely attached	YES	NO	N/A	

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MOUND:**

				<b>Notes</b>
Bare spots?	YES	NO	N/A	
Exposed sand/gravel?	YES	NO	N/A	
Mowed to acceptable height?	YES	NO	N/A	
Holes/animal damage/roots?	YES	NO	N/A	
Effluent on surface of mound/wet spots?	YES	NO	N/A	
Effluent in observation ports?	YES	NO	N/A	
Water in basal observation ports?	YES	NO	N/A	
Valve boxes/lids in good condition?	YES	NO	N/A	

Lateral sweeps/cleanout valve in good condition?	YES	NO	N/A	
<b>Laterals</b>				
Flushed?	YES	NO	N/A	
Biomass/sludge in laterals?	YES	NO	N/A	If yes, approximate length?_____
Laterals brushed/jetted?	YES	NO	N/A	
Distal height reset to 60"- 66"	YES	NO	N/A	

Notes: \_\_\_\_\_  
 \_\_\_\_\_

**Leach field:**

			<b>NOTES</b>
Soil surface conditions	___ Smooth	___ Sunken ___ Holes	
Effluent on surface?	YES	NO	
Drop boxes in good condition?	YES	NO	
Any drop boxes flooded?	YES	NO	

Notes: \_\_\_\_\_  
 \_\_\_\_\_

**GRADIENT/ INTERCEPTOR DRAIN:**

<b>Pump Basin</b>				
<b>Lids:</b>				<b>Notes</b>
Serviceable	YES	NO	N/A	
Secure	YES	NO	N/A	
Signs of infiltration	YES	NO	N/A	
<b>Riser(s):</b>				
Signs of damage	YES	NO	N/A	
<b>Pump</b>				
Operational	YES	NO	N/A	
Pull rope attached	YES	NO	N/A	
<b>Floats</b>				
Operational?	YES	NO	N/A	
<b>Discharge</b>				
Pump outlet OK?	YES	NO	N/A	
Gravity outlet free of debris?	YES	NO	N/A	
Animal guard present on gravity outlet?	YES	NO	N/A	

Notes: \_\_\_\_\_  
 \_\_\_\_\_

**CONTROL PANEL:**

Manufacturer \_\_\_\_\_

Record settings on service record card in panel and below:

Setting(Pmp cts, ETM etc.)	Value			Notes

Moisture in panel?	YES	NO	N/A	
Evidence of insect/rodent damage?	YES	NO	N/A	
Alarm wire(s) disconnected?	YES	NO	N/A	
Evidence of electrical component failure? (charred/black soot/burnt components)	YES	NO		
Panel securely fastened to building/post?	YES	NO	N/A	
<b>**Door Closed and Latched**</b>	YES			

Notes: \_\_\_\_\_

At the time of my inspection the system was working as it was designed and was not creating a health nuisance. All switches are in position for normal operation and I returned all covers and lids to their proper positions and the panel door is closed.

By: \_\_\_\_\_ Date \_\_\_\_\_

Clermont County Public Health  
Generic system Inspection Report Ver. 2016.01