

Clermont County General Health District
 Generic **SERVICE / INSPECTION FORM**
 Modified for Home Owner Mound Service Education March 5, 2009 RAB

OWNER _____
 ADDRESS _____
 DATE OF SERVICE / INSPECTION _____ BY _____

Type of system _____ Installer _____

Circle all items that apply. Cross out items that do not apply.

AR is Action Recommended to Owner. Specify action in Notes.

SEPTIC TANK: Pump and filter must all be easily removable / serviceable.

If dosing septic tank: Style One Style Two

Description : concrete poly fiberglass

Capacity: 1000 1500 2000 other _____ (gal)

Lids:	serviceable			YES	NO		Action Recommended
	secure			YES	NO		AR

	signs of inflow		NO	YES		AR	
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Risers:	signs of infiltration		NO	YES		AR	
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Filter:	cleaned		YES	NO		AR	
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Pump:	operational	YES	Amp draw _____	NO	AR		
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Floats :	(control) operational		YES	NO		AR	
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	(alarm) operational		YES	NO		AR	
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Tank solids: sludge depth _____ (in.) scum depth _____ (in.)

Number of people in home _____

Tank pump-out	stay on schedule*	within _____ months	promptly
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Signs of tank infiltration	NO	YES	AR
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*Schedule based on studies of actual sludge and scum accumulation; U.S.P.H.S. Pub. No. 397; Glide Audit, 1987.

Notes: _____

DOSE TANK: Pump and filter must all be easily removable / serviceable.

Description: concrete poly fiberglass

Capacity: 750 1000 1500 other _____ (gal)

Lids:	serviceable			YES	NO	AR
	secure			YES	NO	AR

	signs of inflow		NO	YES		AR
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Risers:	signs of infiltration		NO	YES		AR
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Filter:	cleaned		YES	NO		AR
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Pump:	operational	YES	Amp draw _____	NO	AR	
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Floats:	(control) operational		YES	NO		AR
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	(alarm) operational		YES	NO		AR
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Tank solids: sludge depth _____ (in.) scum depth _____ (in.)

Tank pump-out	stay on schedule*	within _____ months	promptly
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Signs of tank infiltration	NO	YES	AR
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*Schedule based on studies of actual sludge and scum accumulation; U.S.P.H.S. Pub. No. 397; Glide Audit, 1987.

Notes: _____

MOUND: (circle all that apply)

Conditions of mound cover-grass:	thick.....average.....bare	AR
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Conditions of mound cover-soil:	6" or more 6" or less bare sand	AR
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Animal damage:	NO	YES	AR
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Sewage at surface of mound:	NO	YES	AR
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Sewage standing in observation port:	NO	YES	AR
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Were laterals flushed?	YES	NO	AR
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Biomass in laterals: NO YES
 If yes, biomass was under 3" long 3" to 6" over 6 " AR
 Was operating head measured after flush? NO YES ___ inches (A)
 Baseline operating head from start-up: ___ inches (B)
 Is (A) 20%, over (B)? NO YES If YES, laterals need cleaned.
 Laterals cleaned by: brushing jetting AR
 Operating head re-check: (should be close to (B), above ___ inches
 Valve boxes and lids are good YES NO AR
 Water in basal observation ports: NO YES ___ inches deep
 Moisture range of lot: bone dry.....flooded

Notes: _____

GRADIENT/ INTERCEPTOR DRAIN: (circle all that apply)

Sump basin lid

serviceable	YES	NO	AR
secure:	YES	NO	AR
signs of inflow	NO	YES	AR
Pump: operational	YES	Amp draw _____	NO AR
Floats: (control) operational	YES	NO	AR
Pumped discharge outlet OK:	YES	NO	AR
Gravity outlet free flowing:	YES	NO	AR
Animal guard present:	YES	NO	AR

Notes: _____

CONTROL PANEL:

Type of panel: analog digital

Record settings on service record card in panel and below:

- timer on _____
- timer off _____
- override off _____
- pump cycles _____
- elapsed time meter _____
- high level alarms _____
- pump overrides _____
- low level alarms _____

Evidence of moisture or condensation in panel	NO	YES	AR
Panel heater on:	YES	NO	AR
Switch on:	AUTO	OFF	MAN
High water alarm buzzer:	operational	disconnected	AR
Panel door closed after inspection	done		

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 _____