


**SEWAGE TREATMENT SYSTEM  
OPERATION & MAINTENANCE INSPECTION FORM**

 <p><b>Fulton County Health Department</b> 606 S. Shoop Avenue Wauseon, Ohio 43567 Telephone (419) 337- 0915 <a href="http://www.fultoncountyhealthdept.com">www.fultoncountyhealthdept.com</a> <a href="mailto:envfchd@fultoncountyoh.com">envfchd@fultoncountyoh.com</a></p>	<p><u>Inspection completed by:</u></p> <input type="checkbox"/> Registered Service Provider Name: _____ <input type="checkbox"/> Health Department Representative Name: _____ <input type="checkbox"/> Owner Name: _____
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<b>Owner Information</b> (Complete The Following Information)	
Property Owner:	Phone:
Property Address:	City/Zip:
Mailing Address (if different):	City/Zip:
Email:	Township:

<b>Sewage Treatment System Information</b> (Complete The Following Information for Existing/Renewal Permits)			
<b>Primary Component</b> <input type="checkbox"/> Septic Tank  <input type="checkbox"/> Aeration Unit	<b>Size of Tank</b> _____ Gallons  <b>Condition:</b> _____	<b>Risers to Grade</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Good Repair</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Effluent Filter present</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <b>Clean</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Secondary Component</b> <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		<b>Distribution Box(es)/Tees</b> Present <input type="checkbox"/> Yes <input type="checkbox"/> No To Grade <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Diversion Device Present</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Condition: _____	<b>Date Tank Pumped</b> _____ <b>Pumping Report</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Septic area free of structures/trees</b> <input type="checkbox"/> Yes <input type="checkbox"/> No _____
<b>Evidence of Effluent Surfacing</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Location: _____ _____	<b>This system appears to be functioning as initially designed and installed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If No, describe why:</b> _____ _____		
<b>System Permitted</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Permit# _____	<b>Observations/Concerns:</b> _____ _____		

I certify that, to the best of my knowledge, the information submitted is correct and I agree to any necessary repairs and or alterations to properly maintain my STS as per OAC 3701-29 and the Fulton County Health Department.

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_