



**Pickaway County General Health District**  
 Environmental Health Division  
 PO Box 613, 110 Island Road, Circleville, OH 43113  
 740-477-9667 Ext 225, [www.pchd.org](http://www.pchd.org)

Permit # \_\_\_\_\_

**Household Sewage Treatment System**  
 Homeowner Service Provider  
 Aerator Inspection Form

Property Owner:	Date(s) Inspected:
Phone Number and Email address:	Township:
Address:	

**Household Sewage Treatment System Information / Observations: Check all boxes applicable**

**Aeration Tank type:**  Norweco  Jet  Oldham  Nyadic  Multiflo  Clearstream  Other \_\_\_\_\_

**Filter Present**  Yes  No

**Filter Type**  Sock  Bio-Kinetic  B.A.T  Gravel Upflow  Surface Sand  BK2000  UV  Other \_\_\_\_\_

**Risers Present**  Yes  No

**Condition of Tank**  Good  Poor

**Condition of Risers**  Good  Poor

**Condition of Filter**  Clean  Needs Cleaned

**Solids tank**  heavy solids/full  solids floating  no solids  solids above inlet

**Color of Aeration Chamber**  
 Brown  gray  black  Clear

**Odors Present**  
 Musty  offensive  strong  septic  
 no odors

**Water level in tank:**  low  medium  high

**Date of most recent tank cleaning/pump:** \_\_\_\_\_

**Gallons of Effluent Removed from Septage Pumping Report:** \_\_\_\_\_

**Mechanical Component(s)(if applicable):**

**Aeration motor present**  yes  no Motor operating properly  Yes  No Condition of motor  Good  Fair  Poor

**Timers / Control Panel** Timer set to \_\_\_\_\_ min on, \_\_\_\_\_ min. off Timer operational  Yes  No  
 Yes  No Model of timer / control panel \_\_\_\_\_ Alarm Operational  Yes  No

**Lift or dosing tank present** Size of dosing tank \_\_\_\_\_ High water alarm operable  Yes  No  
 Yes  No Audio alarm operable  Yes  No Lift station operational  Yes  No

**Soil Absorption Component:**  Leaching  Mound  Drip  Low pressure pipe  Off-lot Discharge  
 Curtain Drain  Perimeter Drain  Diversion Drain Location of outlet ( on-lot  off-lot)

Distribution Box present  Yes  No Effluent quality in distribution box:  Good  Poor  Fair

Frequency of resting leach fields / lines \_\_\_\_\_ Observation / Sampling ports available  Yes  No

Approximate length soil absorption component: \_\_\_\_\_ # of lines \_\_\_\_\_  unknown

Condition of Soil absorption component:  Good  Fair  Poor settling occurring  yes  no

**Effluent surfacing on ground, ditch, stream, body of waters**  Yes  No If yes, what colors?  grey  dark  odors  clear

**Off lot discharge of effluent**  yes  no Condition of off lot effluent?  gray  dark  strong odors  clear  no odors

**Comments:**

Signature of Homeowner:	Date:
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**Attach copies of all additional maintenance records of repairs, cleaning, etc.**