

**FEE: \$50.00 - NONREFUNDABLE**

**Receipt # \_\_\_\_\_ Date Paid \_\_\_\_\_**

Form last revised: 05/03/2011

Date of Appointment: \_\_\_\_\_ Time: \_\_\_\_\_

**DARKE COUNTY GENERAL HEALTH DISTRICT**

300 Garst Avenue  
Greenville, Ohio 45331

[www.darkecountyhealth.org](http://www.darkecountyhealth.org)

Phone: (937) 548-4196 Fax: (937) 548-9654

**EVALUATION OF EXISTING HOME SEWAGE SYSTEMS**

PLEASE SEND EVALUATION RESULTS TO:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**LOCATION OF REQUESTED EVALUATION**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Township \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_ S \_\_\_\_\_

Directions: \_\_\_\_\_

Is the home occupied or vacant? \_\_\_\_\_ If vacant, how long? \_\_\_\_\_

When was the home built? \_\_\_\_\_ Builder of home: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_ System has (circle): aeration tank septic tank

The Health Department files records of septic systems by the homeowners' last name when the system was installed (with some exceptions).

Name of the homeowners from 1950 to present:

Year purchased:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this inspection for a home sale?      Yes    No  
Is this inspection for a home refinance?      Yes    No  
Is this inspection for a land split?      Yes    No

**If yes to any of the above questions, you must also complete application for water testing.  
If yes to land split, soil testing may be required if the split is less than 10 acres. Please see Health Department for list of soil scientists.      (Continued on Other Side)**

## SPECIAL SERVICE REQUIREMENTS

The lids of the septic tank and distribution boxes (if applicable) must be uncovered prior to the time of inspection. If there are no risers on the inlet and outlet lids of the septic tank, they will be required. If the system has a dry well, uncover the lid to the dry well. If the system has a subsurface sand filter, the outlet tile must be uncovered in order to sample the quality of the effluent. An inspection port will be required on the outlet tile of the sand filter if one does not currently exist. A scavenger registered with the Darke County Health Department must pump the septic tank while the inspector is present. A list of scavengers is available upon request.

The inspector's opinion of the system may be rendered without knowledge of some of the individual parts of the home sewage system and applies only to the date and time the opinion is made. Therefore, the opinion does not guarantee the future performance of the home sewage system.

The owner/applicant agrees to the requirements of the special service inspection and understands that upgrades may be required if deemed appropriate by the Health Department. The applicant also understands that the system will be placed under the Operational Permitting Program of the Darke County Health Department. Please see Operational Permit Pamphlet for additional information regarding this program.

If for any reason you must cancel or reschedule the appointment, you must call in at least 24 hours prior to the originally scheduled appointment.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Homeowner or representative \_\_\_\_\_ Date \_\_\_\_\_

### **FOR OFFICE USE ONLY**

SEPTIC SYSTEM: APPROVED \_\_\_ DISAPPROVED \_\_\_ INSPECTOR \_\_\_\_\_ DATE \_\_\_\_\_

DATE PUMPED \_\_\_\_\_ PUMPER \_\_\_\_\_ # GALLONS \_\_\_\_\_

CORRECTIONS NEEDED: \_\_\_\_\_

DATE RE-INSPECTED : \_\_\_\_\_ INSPECTOR \_\_\_\_\_

SOIL TESTING REQUIRED? YES NO EASEMENT REQUIRED? YES NO

PERMIT ISSUED YES NO DATE OF ISSUANCE: \_\_\_\_\_ O&M MONTH \_\_\_\_\_

#### **Type of System:**

Aeration \_\_\_\_\_ Lineal Feet 18" 36" Split Field \_\_\_\_\_ Mound System  
Tank \_\_\_\_\_ gal. w/risers \_\_\_\_\_ Graveless 18" 36" Gradient/ Curtain Drain \_\_\_\_\_ Drip System  
Existing \_\_\_\_\_ Upflow Filter \_\_\_\_\_ Inspection Port \_\_\_\_\_ Other \_\_\_\_\_

#### **System Type Code (Circle):**

1. Soil Absorption
2. NPDES discharging

#### **Soil Credit Used (Circle):**

1. One foot credit used
2. Two foot credit used

**Type of installation:** New / Replacement / Alteration

**Type of soil from survey** \_\_\_\_\_

#### **System Description Code (Circle):**

1. Septic tank to shallow leach lines
2. Pretreatment to shallow leach lines
3. Septic tank to 18"-30" leach lines
4. Pretreatment to 18" - 30" leach lines
5. Septic tank to sand mound
6. Pretreatment to sand mound
7. Septic tank to drip distribution
8. Pretreatment to drip distribution
9. NPDES System
10. Other

**Easement:** Y or N

**Depth to Limiting Layer** \_\_\_\_\_ inches

**System Flow (GPD):** \_\_\_\_\_

**Vertical Separation Distance (VSD):** \_\_\_\_\_ Ft.

**# Bedrooms:** \_\_\_\_\_

**Estimated Cost:** \_\_\_\_\_

**Operational Permit Fee:** \_\_\_\_\_

**Installer:** \_\_\_\_\_

**O/M Description (circle):** Conventional  
Mechanical