

# Darke County General Health District

E. L. Halman, DVM, MS, Health Commissioner



Contributing to a Stronger  
Healthier Community

## SPECIAL SERVICE INSPECTION REQUIREMENTS

1. Have the inlet and outlet lids to the septic tank uncovered at the time of inspection.
2. Have the lids to the distribution boxes and/or splitter box uncovered prior to inspection.  
A distribution box is a box that distributes the effluent to the leach lines.  
The splitter box is the box that sends the effluent to the distribution boxes or manifold.

Not all septic systems have distribution boxes and splitter boxes. Please refer to the record of your system for the applicable components. If the system is a sub-surface sand filter, the outlet must be uncovered at the time of inspection in order to survey the quality of the effluent. If the system is a dry well, the lid to the dry well must be uncovered.

To locate a system, the Health Department has records of the sewage systems installed. If the system was installed before the 1970's, there may not be a recorded drawing of your system. Systems installed prior to 1950 will not have a permit. In order to find a record, please have the following information available: a list of all previous owners, address, township, subdivision, lot number, and the builder of the house.

3. Have a scavenger who is registered by the Darke County General Health District to pump septic tanks, pump the septic tank at the time of inspection. The septic system **must** be pumped while the Health Department inspector is present. If the system has a dry well, that must also be pumped.

*Once the system has been inspected, the Darke County General Health District may require updates to the system if deemed appropriate. Mandatory updates are the addition of risers on the inlet and outlet lids of the septic tank and/or dry well (if applicable), the addition of an upflow filter following an aeration system (if applicable), and the installation of an inspection port on the outlet of a subsurface sand filter (if applicable). See also Operational and Maintenance requirements.*

If the water is to be tested, water samples are taken on Thursday after noon and Friday mornings before 9:00 am. All fees are non-refundable and you must call at least 24 hours in advance of the appointment to cancel or reschedule.

### SCAVENGERS

Barnes Sewer & Septic	Winchester, IN	(765) 584-7295
Booso's Septic Cleaning	Lewisburg, OH	(937) 962-4435
Cooper's Sanitary Service	West Milton, OH	(937) 698-6200
Flatter's Septic Tanks	Greenville, OH	(937) 548-7667
Frantz Septic Cleaning	Bradford, OH	(937) 448-2138
Frech's Cleaning Service	New Madison, OH	(937) 996-1615
Rotor-Rooter	Dayton, OH	(937) 496-3975
Kirkman's Plbg. & Eel Service, Inc.	Greenville, OH	(937) 548-1072
Mike's Sanitation	New Bremen, OH	(419) 629-3695
Rumpke Transportation Co, LLC	Richmond, IN	(765) 966-5030

300 Garst Avenue, Greenville, OH 45331 • 937-548-4196 Fax 937-548-9654

E-Mail-darkecohd@adh.ohio.gov • Web Site-www.darkecountyhealth.org

**FEE: \$50.00 - NONREFUNDABLE**

Form last revised: JANUARY 12, 2010

Receipt # \_\_\_\_\_

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, must have soil testing completed if 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 is: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Inspector \_\_\_\_\_ Date \_\_\_\_\_

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

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

PERMIT ISSUED YES NO DATE OF ISSUANCE: \_\_\_\_\_

**Type of System:**

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

# Bedrooms: \_\_\_\_\_ Type of installation: New Replacement or Alteration System Flow (GPD): \_\_\_\_\_

**System Type Code (Circle):**

1. Soil Absorption
2. NPDES discharging

**Soil Credit Used (Circle):**

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

**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

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

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

**Easement:** Y N

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

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