

## Jackson County Health Department 200 E. Main Street Jackson, Ohio 45640

Phone 740-286-5094 • Fax 740-286-8809

## Household Sewage Treatment System Evaluation Form

Address of Property	City		Zip	
Township [ ] Occup	ied [] Vacant - How	Long		
Original Owner	Date Septic Syst	em Install	ed	
Type of Sewage Treatment System	[ ] Septic Tank [ ]	Aerator	[ ] Other	
Are you aware of any current or pre-	vious problems with th	ne sewage	e treatment syste	m?
[ ] Yes [ ] No If yes, please desc	ribe	<del></del>		
Type of Water Supply [ ] Public [	] Private - Please de	scribe (dri	illed well, spring,	etc.)
Contact for Appointment/Access [	] Owner [] Occupa	nt []Re	al Estate Agent	
[ ] Other Name and Phone # _		<del> </del>		
I understand that the inspection reflects the condition of the syste is made as to the future functioning	m at the time of insp		•	ion
Please have the lid on the septic accurate evaluation.	tank uncovered so t	hat we m	ay provide an	
Signature of Applicant		_ Date		
Send Report To	[ ] Please F	ax To		
Address		<del> </del>		
[ ] Please Email To		· · · · · · · · · · · · · · · · · · ·		

## (This side for office use only) Household Sewage Treatment System Evaluation

Perm	it #	_ Original Approva	Date		
[]		on. There was no r		nce with the rules in effect of the system observed at t	
[]	No record of this sys observed at the tim		. There was	no malfunction of the syst	em
[]	System was malfund inspection.	ctioning or lacking a	needed com	nponent at the time of	
Comr	nents				
Sanit	arian		Regs #	Date	
Reins	spection Sanitarian	I	Reas #	Date	