

**APPLICATION FOR REGISTRATION TO HAUL SEPTAGE WITHIN  
DARKE COUNTY FOR THE YEAR 2024**

**DARKE COUNTY GENERAL HEALTH DISTRICT  
300 GARST AVE  
GREENVILLE, OH 45331  
Phone: 1-937-548-4196 Fax: 1-937-548-9654**

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Operator Name: \_\_\_\_\_ Business ID #: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Land Application Site: \_\_\_\_\_  
 Sewage Treatment Plant Location: \_\_\_\_\_  
 Bond Company: \_\_\_\_\_ Bond Expiration Date: \_\_\_\_\_

**REGISTRATION EXPIRES DECEMBER 31st OF EACH YEAR**

Registrant, hereby, applies for a permit to engage in the collection and removal for remuneration, the contents of privies, portable toilets, vaults, and/or sewage tanks in the Darke County General Health District. Registrant agrees to comply with the rules and regulations of the Darke County Board of Health and the State of Ohio in the disposal of the contents of privies, portable toilets, vaults, and /or sewage tanks into a sanitary sewage system, by proper burial or by other method approved by the Health Commissioner. Registrant agrees to submit records of pumping and septic waste disposal to the Health District and to transmit the contents of the privies, vaults, portable toilets, and/or sewage tanks to the place of disposal in liquid tight containers, or tanks, without spillage. Registrant agrees to maintain the required state bond and general liability coverage. If the surety bond is canceled, the registrant shall immediately submit proof of new registration bond in accordance with the requirements of the sewage rules, OAC 3701-29. Registrant certifies they are in compliance with testing provisions and continuing education requirements of OAC 3701-29-03. Registrant understands that the board of health may revoke or suspend a registration when the registrant fails to timely correct violations in compliance with the rules as in accordance with section 3718.08 of the Ohio Revised Code.

| Year                      | Make | Body | License | ID | Capacity | Vehicle Permit Fee |
|---------------------------|------|------|---------|----|----------|--------------------|
|                           |      |      |         |    |          |                    |
| Total Vehicle Permits:    |      |      |         |    |          |                    |
| Company Registration Fee: |      |      |         |    |          | 200.00             |
| Total Fee:                |      |      |         |    |          | 200.00             |

APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_  
 (SIGNATURE)

(Office Use Only)

YEAR 2024  Registration Approved: \_\_\_\_\_  Registration Denied: \_\_\_\_\_  Insurance  
 Test Date:  / / Test Score: \_\_\_\_\_  CEUs Attached  Bond Attached  
 DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ Received by: \_\_\_\_\_



# Darke County General Health District

Jordan Francis, MPH, Health Commissioner

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Contributing to a Stronger, Healthier Community

**NOTICE TO LAND APPLICATORS:** The soil needs to be tested & results sent to us for phosphorus every 2 years. The soil test results must be turned in prior to the land site visit this year for approval of the site. You also need to identify what crop is being planted, how you are reducing pathogens during application and be able to test ph.

\*Also, enclosed is a form you will need to complete monthly and submit to the health department for the homes you pump in Darke County as is required by Ohio Administrative Code Section 3701-29-03(J).

Portable toilets must meet Health Department standards. The Health Department may require submission or review of pumping and land application records as required by 40 CFR Part 503.

Please note there are registration requirements for Service Providers. If you are interested in Registering, these applications are available at the Health Department

Each year we compile a list of scavengers registered in Darke County. This list is given, upon request, to any person requiring this service and is also available on our website. **If you desire to have your name appear on this list, please be sure you register prior to February 1, 2024.**

\*REMEMBER when pumping a septic tank, pump all compartments. If a compartment is not accessible, inform the owner that the entire tank is not being pumped.

**RULE INFORMATION:** The sewage rules are available by searching the Ohio Administrative Code 3701-29. You may also visit the Health Department on Facebook for updates. If you have any questions, call the Health Dept. at 937-548-4196 ext. 232. We can assess the re-inspection fee of \$60 to homeowners when we have to visit their property multiple times. If you are also a registered service provider, please be sure all the required updates are made to the system before we re-inspect it

Thank you for your cooperation.

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## SEPTIC HAULER CHECK LIST TO INCLUDE WITH YOUR REGISTRATION:

- \_\_\_\_\_ Completed, signed, dated application.
- \_\_\_\_\_ Fee of \$200.00, plus \$12 for each **additional** truck (if you have more than 1 truck).
- \_\_\_\_\_ **Copy** of your septic installer bond with Power of Attorney page attached. (The original bond must be sent to the Ohio Dept. Of Health along with the contact information form) Make sure you **sign your bond** where indicated on the bond.
- \_\_\_\_\_ Certificate of Liability Insurance made out to Darke Co. Health Dept., 300 Garst Ave, Greenville, OH 45331 (must be at least \$500,000 liability coverage.)
- \_\_\_\_\_ Proof of passing the septic exam, if your first time to register in Darke Co.
- \_\_\_\_\_ Proof of 6 hours of continuing education credits taken in 2023:
- \_\_\_\_\_ Proof of your recent truck(s) inspection(s) done by another health department or you must schedule your truck inspection(s) with us in order to register. All trucks listed on the application must be inspected.
- \_\_\_\_\_ Soil test results - if land applying. (EVERY 2 YEARS)
- \_\_\_\_\_ Letter of Approval or Copy of the permit from the regulatory authority for disposal sites located outside of Darke County.

If any of the above items is missing, your application will be rejected and returned to you.

**\*INSTRUCTIONS\* TO BONDING COMPANY FOR EXECUTION OF THE  
2024 SEWAGE TREATMENT SYSTEM INSTALLER, SERVICE PROVIDER, AND SEPTAGE  
HAULER REGISTRATION BOND**

**General Information**

- All sewage treatment system installers, service providers and septage haulers must use the State of Ohio Registration Bond Form as per the requirements for contractor bonding in Ohio Administrative Code (OAC) rule 3701-29-03(C)(6), except as permissible in rule OAC 3701-29-03(G) and (H).
- The 2024 Sewage Treatment System Registration Bonds for installers, service providers, and septage haulers are available in a PDF format on the ODH website at: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/INFORMATION-FOR-CONTRACTORS> or by contacting the Ohio Department of Health Residential Sewage Program at [Sewage@odh.ohio.gov](mailto:Sewage@odh.ohio.gov)
- All information on the bond form must be complete and correct.
- Please follow the instructions below, and submit all documents listed in item #10.
  - **THE REGISTRATION BOND MUST BE FOR THE AMOUNT required in OAC rule 3701-29-03(C)(6)(e). (see Table 1 below)**

**OAC rule 3701-29-03(C)(6)(e) Table 1. Contractor bonding requirements.**

| Number of systems (annually) | Installer            |          | Service Provider |           | Septage Hauler |          |
|------------------------------|----------------------|----------|------------------|-----------|----------------|----------|
|                              | HSTS                 | SFOSTS   | HSTS             | SFOSTS    | HSTS           | SFOSTS   |
| One system                   | Equal to system cost | \$25,000 | N/A              | \$25,000* | \$25,000       | \$25,000 |
| More than one system         | \$40,000             |          | \$25,000*        |           | \$25,000       |          |

\* STS service provider bond requirement reduced to \$15,000 for service providers with dual registration as STS installer and STS service provider.

**Forms**

There are two Installer surety bonds: (1) for multiple system installations and alterations, and (2) for single system/small flow installations or alterations. Be aware that if going from a single system installer bond to a multiple system installer bond, new surety bond paperwork (with original signatures, seal, and power of attorney) shall be submitted to the Ohio Department of Health showing the change in status of the bond coverage.

The Surety Bond Forms Package are available on the ODH Sewage Program website:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/INFORMATION-FOR-CONTRACTORS>

1. HEA Form 5438 – 2024 Service Provider Bond Form Package
2. HEA Form 5439 – 2024 Installer Bond Form for Multiple Systems Package
3. HEA Form 5440 – 2024 Septage Hauler Bond Form Package
4. HEA Form 5448 – 2024 Installer Bond Form for Single System Package

The Bond Form package includes instructions, the bond form and the contractor contact information form.



## Completing the Form

The bond form may be completed in two ways. You may print the blank form and fill in the lines by hand with a blue or black pen, or, if available, you may fill in the form using Adobe Acrobat Reader to open, complete, save and print the form by clicking on the print button.

1. Fill in the bond number on the line provided in the upper left-hand corner of the bond form.
2. Fill in the legal company name and address of the company applying for the registration bond on the first, second and third lines exactly as it appears on the Local Health District registration application form as a sewage treatment system installer, service provider, or septage hauler.
3. List the name of the surety company on the line provided.
4. Check the box indicating the bond amount being provided on the appropriate bond form. Refer to the table above in the General Information.
5. Fill in the Bond Effective Date. This is the date the bond becomes effective for the 2024 calendar year, and it must be December 31, 2023, or later.
6. Fill in the information and signatures at the bottom of the bond:
  - a) Print the Legal Company name of the company applying for the bond. This item **must** match the Legal Company Name as it appears at the top of the bond
  - b) Printed name and original/electronic signature of the company owner or representative
  - c) Name and contact information of the surety company, including address and telephone number
  - d) Original/electronic signature of the Attorney-in-Fact
7. After completing the printed form by hand or printing the completed form from the computer, sign and date the form as required in the required Signature boxes found at the bottom of the bond. Signatures are either by hand using a blue or black pen or electronic.
8. Apply the seal (Paper or Electronic) of the Surety Company in the space provided on the bond form.
9. Attach the Power-of-Attorney form for the Attorney-in-Fact. The bond number on the Power-of-Attorney must match the surety bond number.
10. Mail or email the complete bond packet to the address below. **SUBMIT ORIGINALS ONLY.** Submissions must include:
  1. **2024 Registration Bond**, complete with original/electronic signatures and corporate seal (Electronic or paper seal)
  2. **Power of Attorney (POA)** for the 2024 Registration Bond.
  3. **Sewage Contractor Contact Information Form.**

**Mail Bond Package to:  
Ohio Department of Health  
BEHRP/ Residential Sewage Program  
246 N. High St.  
Columbus, Ohio 43215-0278**

The complete bond package can also be emailed to [SewageBonds@odh.ohio.gov](mailto:SewageBonds@odh.ohio.gov)

**Please allow up to thirty (30) days upon receipt of the surety bond(s) by the ODH Residential Sewage Program for bond(s) to be processed.** The status of a bond submission can be checked by visiting the "Contractor Bond Lists" tab on the ODH Residential Sewage Program webpage at: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/INFORMATION-FOR-LHDS/>

If you have questions or need assistance, contact the Residential Sewage Program at (614) 644-7551 or by email at [Sewage@odh.ohio.gov](mailto:Sewage@odh.ohio.gov).

Bond Number

Registration Number

State of Ohio
2024 Registration Bond for
Sewage Treatment Systems Septage Hauler

Health District use only
Power of attorney attached

- Owned By
(Choose one)
Individual
Partnership
Corporation

LEGAL COMPANY NAME:
MAILING ADDRESS:
MAILING ADDRESS 2:
CITY, STATE, ZIP:

As Principal, and Surety Company
is/are authorized to do business in the State of Ohio, as Surety. The Principal and Surety are bound to an aggrieved party in the sum of

twenty-five thousand (\$25,000)

the payment of which is to be made as provided below. The Principal and Surety hereby bind to themselves, their heirs, executors, administrators, successors and assigns, jointly and severally.

Bond Effective Date:

The above Principal has applied to a health district in Ohio as established under Ohio Revised Code (ORC) Chapter 3709, for a registration to engage in and practice the business of a sewage treatment system septage hauler in the State of Ohio as provided in sections 3718.02 (A)(8) of the ORC and Ohio Administrative Code (OAC) 3701-29-03, such registration expires on the 31st day of December 2024.

If the above Principal shall comply with all laws and rules relating to the collection, transportation, disposal and land application of domestic septage from sewage treatment systems, and any amendments thereto, and shall save and keep harmless the State of Ohio and any person who may be aggrieved by the violation of any of the aforesaid laws or rules from the consequence of any and all acts done by said Principal. This obligation shall remain in full force and effect until December 31, 2024 and will be null and void after that date.

PROVIDED, HOWEVER, that this Bond is executed subject to the following expressed conditions and limitations:

- 1. The Surety Company may cancel this Bond at any time by giving written notice to the Ohio Department of Health ninety (90) days prior to the effective date of cancellation in accordance with OAC rule 3701-29-03 (C)(6)(d).
2. The aggregate of liability of the Surety Company shall in no event exceed the sum of this bond, regardless of the number of claims that may be filed hereunder.
3. This bond shall be for the benefit of any aggrieved party for damages incurred as a result of a violation of OAC Chapter 3701-29, as provided by OAC 3701-29-03 (C).

[Empty box for additional information]

Legal Company Name (required - print name)

[Empty box for Legal Company Name]

[Empty box for Signature]

Owner/Representative Name (required - print name)

Signature of Owner/Representative (required)

Surety Company Name:
Address:
City, State, Zip:
Surety Company Phone:

[Empty box for Attorney-in-Fact Name]

[Empty box for Attorney-in-Fact Signature]

Attorney-in Fact Listed on the Power of Attorney(required - print name)

Attorney-in-Fact or Insurance Agent Signature (required)

Instructions for preparation:

- 1. Affix Seal of Surety Company
2. Attach corresponding Power-of-Attorney form for Attorney-in-fact
3. Make sure Principal (contractor company representative) signs in appropriate location.

[Large empty box for Bonding Corporation Seal]

(Place Bonding Corporation Seal Above)



# Ohio Department of Health Sewage Treatment System Program Contractor Contact Information for Installer, Septage Hauler and Service Provider

Please complete the following information and submit with the Bond Form.

Company Name

Company Street Address

City

State

Zip Code

Company Mailing Address (if different from Above)

City

State

Zip Code

Company Owner

Company Representative (if different from Owner)

Company Phone Number

Additional Contact Phone Number

Company Fax Number

Company E-mail

Please check all registration categories that apply to your company's business:

- Installer    Service Provider    Septage Hauler

Registration Year:

Please list the county where the company is located



Darke County General Health District  
300 Garst Avenue  
Greenville, Ohio 45331  
937-548-4196  
www.darkecountyhealth.org

## SEPTAGE LAND APPLICATION SITE PERMIT APPLICATION

**2024 Fee: \$100.00- Non Refundable**

*This application is only for domestic sewage and not other waste materials such as industrial/commercial septage or solid waste. An approved land application site permit issued by the Board of Health shall be valid for one year from date of issuance.*

Applicant's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Site Information

If the applicant is not the owner of the proposed site, the owner of the site must complete the attached affidavit.

Landowner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Site Address: \_\_\_\_\_

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

Township of site: \_\_\_\_\_ Total Acreage of site: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Latitude of Site: \_\_\_\_\_ Longitude of site: \_\_\_\_\_

Township # \_\_\_\_\_ Range# \_\_\_\_\_ Section# \_\_\_\_\_

Acreage of application area: \_\_\_\_\_ (The area where septage may be applied according to the minimum horizontal isolation distances found in Ohio Administrative Code Section 3701-29-20(E)(2).

Describe the source of the septage (i.e. residences, portable toilets, etc.)

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Describe the method of land application that will be used.

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**Prior to the evaluation of your site, the following must be done:**





- A) Submit the site evaluation application and fee for site approval (*this form*)
- B) Submit affidavit(s) signed by the landowner and notarized, if applicable. (see Page 4)
- C) Submit a map or drawing that includes the following information:
- 1) Property boundaries for the site
  - 2) Adjacent property boundaries
  - 3) Adjacent land uses
  - 4) Drainage tiles (including private owned field tile), ditches, storm sewer systems, streams or other drainage conveyances.
  - 5) Location of well and other wells located within 50ft of lot
  - 6) Vegetation present
  - 7) Approximate slope and contour information (may be on soil report)
  - 8) North orientation arrow
  - 9) Any structure located on the property (i.e. houses, barns etc)
  - 10) Waterways, streams, ponds, rivers, etc.
  - 11) Scale (i.e. 1 inch= 10 feet)
- D) Submit a 1/4 section map with property owners indicated (1"=200 ft.). The section map must include an aerial map with plat overlay and soil profile. (*Obtain from GIS Map Office located on 1<sup>st</sup> floor of courthouse*)
- E) Submit information from an order two soil survey indicating that the site has a slope no greater than eight percent, has at least three feet of soil above ground water, bedrock, rock and other fragments, and is free of conditions that could allow land application of septage to cause contamination of ground water or run off to surface waters.
- F) Identify your methods of pathogen and vector reduction: \_\_\_\_\_

G) Annual Sewage Application Rate: \_\_\_\_\_

**Minimum Horizontal Isolation Distance Requirements (OAC section 3701-29-20 (E)(2))**

\_\_\_\_\_ 200' from any dwelling, business, or location used for community gatherings or recreational purposes.

\_\_\_\_\_ 50' from any property line

\_\_\_\_\_ 100' from any private water system, non-potable water well or water supply well used by a transient, non-community public water system as defined in rule 3745-81-01 of the Ohio Administrative Code.

\_\_\_\_\_ 50' from any waters of the state excluding ground water but including grass waterways.

\_\_\_\_\_ 300' from a sinkhole or drainage well, or 100' if a permanent vegetative buffer is maintained round the sinkhole or drainage well.

\_\_\_\_\_ 1500' from a public drinking water surface water intake.



### Additional Requirements

- Septage shall be land applied in accordance with the following:
  - Septage shall not be permitted to pool or flow on the surface of the ground.
  - Septage must not be applied to soils unless the soil has dried adequately from previous application or rainfall so that saturated soil conditions or ponding does not occur.
  - Septage shall not be applied by spray irrigation or other methods that will cause aerosols to drift from application site.
  - Septage shall be applied in accordance with the vector attraction reduction requirements and the pathogen reduction requirements of 40 C.F.R. 503.
- The soil shall be tested every two years for phosphorus and shall not exceed the recommended levels for agronomic loading rates.
- The amount of septage applied to the site shall not exceed the annual nitrogen application rate required for the type of vegetation on the site.
- Trash shall be screened and removed from the septage prior to land application and the trash shall be dewatered prior to disposal as solid waste
- Sewage must be applied and injected as to help with vector and rodent control.
- Records shall be maintained by the septage hauler for at least five years to demonstrate compliance with Ohio Administrative Code section 3701-29-20 and the requirements of 40 C.F.R. 503.

### Applicant/ Site Operator:

I, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Title)

understand that Health Department approval of this site for land application of domestic sewage does not constitute an assurance or guarantee that the land would be in compliance with Chapter 503 of the Code of Federal Regulations or other applicable rules and regulations of other enforcing agencies or departments.

I agree to submit records of land application of domestic sewage as requested by the Health Department to determine compliance with applicable Health District rules and regulations regarding septic land application.

I understand that I am responsible for operating the site described in the legal description in accordance with the Sewage Treatment Systems Rules Section 3701-29-20. I also certify under penalty of law that all information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine, imprisonment for violations, revocation of this registration, and disapproval of the proposed site for land application of domestic sewage.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**FOR OFFICE USE ONLY**

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REQUIREMENTS REVIEWED: \_\_\_\_\_

MAP INFORMATION REVIEWED: \_\_\_\_\_

SOIL REPORT SUBMITTED: \_\_\_\_\_

VEGETATION SUITABLE WITH NITROGEN AND PHOSPHORUS REQUIREMENTS:

\_\_\_\_\_

SITE INSPECTION DATE: \_\_\_\_\_ INSPECTOR \_\_\_\_\_

OTHER REQUIREMENTS: \_\_\_\_\_

ADDITIONAL INSPECTION DATE: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

Septage Hauler is Registered with Darke County? \_\_\_\_\_

Septage Hauler have previous non-compliance issues? \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

Date Paid: \_\_\_\_\_ Drivers Lic #: \_\_\_\_\_ Receipt: \_\_\_\_\_

Number of Trucks \_\_\_\_\_

Truck descriptions: \_\_\_\_\_

\_\_\_\_\_



### Property Owner Letter of Septic Waste Acceptance

I, \_\_\_\_\_, hereby allow  
Printed Name of Property Owner

\_\_\_\_\_  
Company Name

a Registered Scavenger with the Darke County General Health District, to dispose of septage waste on my property located at: \_\_\_\_\_

Street Address/ Description (Parcel ID, Lot #, etc)

\_\_\_\_\_ in \_\_\_\_\_ township.  
City Township Name

The approval is granted for the \_\_\_\_\_ year. (Cannot exceed one-year agreement).

The vegetation grown on my property will be \_\_\_\_\_ . The

Drainage tiles, streams, etc. are correctly shown on the map submitted to me and include

\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

State of Ohio

SS

Darke County

Executed before me, a Notary Public in and for said County and State, on this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Month Year

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_



**\*ATTENTION\*** This is not a septic inspection nor will constitute one.

The information contained in this report reflects the observations recorded at the time the system was pumped and includes any actions completed by the registered septic hauler. This report shall not be construed as a declaration of approval or disapproval or the proper function of the system.

|   |         |           |
|---|---------|-----------|
| Pumping Date:   | County: | Township: |
| Pumping Location Address (include city & zip)   |         |           |
| Name of person making Request: <input type="checkbox"/> Check if this person is the owner |         | Phone #   |

|   |   |                   |                                  |
|---|---|-------------------|----------------------------------|
| <b>TANK PUMPING INFORMATION</b>   | <input type="checkbox"/> Residential<br><input type="checkbox"/> Commercial | # of Tanks: _____ | Total Gallons Pumped: _____ gal. |
| Check all that apply. If multiple tanks, number the tanks in order beside the tank type. More than one of the same types should also be numbered in succession.   |   |                   |                                  |
| <input type="checkbox"/> Septic _____ <input type="checkbox"/> Aeration _____ <input type="checkbox"/> Holding _____ <input type="checkbox"/> Dosing _____ <input type="checkbox"/> Privy Vault _____ <input type="checkbox"/> Portable Tank _____ <input type="checkbox"/> Other _____ Type: _____ |   |                   |                                  |
| If applicable what type of Aeration tank? _____ Was the aeration motor? <input type="checkbox"/> Present <input type="checkbox"/> Missing <input type="checkbox"/> Unplugged / No Electric  |   |                   |                                  |
| Give the volume of each tank pumped: Tank 1 _____ gal Tank 2 _____ gal Tank 3 _____ gal Tank 4 _____ gal  |   |                   |                                  |

|  |  |
|--|--|
| <b>TANK CONDITION OBSERVATIONS</b>   |  |
| Tank Condition <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Could not determine If poor, which tank? _____ Evidence of Leaking? <input type="checkbox"/> No <input type="checkbox"/> Yes, tank # _____ |  |
| Inlet Riser: <input type="checkbox"/> Present <input type="checkbox"/> Absent, tank # _____  | Risers Condition (All): <input type="checkbox"/> Good <input type="checkbox"/> Poor, which riser? _____                            |
| Middle Riser: <input type="checkbox"/> Present <input type="checkbox"/> Absent, tank # _____   | Inlet Baffle: <input type="checkbox"/> Present <input type="checkbox"/> Absent, tank # _____                                       |
| Outlet Riser: <input type="checkbox"/> Present <input type="checkbox"/> Absent, tank # _____   | Outlet Baffle: <input type="checkbox"/> Present <input type="checkbox"/> Absent, tank # _____                                      |
| Splitter Box Riser: <input type="checkbox"/> Present <input type="checkbox"/> N/A <input type="checkbox"/> Absent, how many _____  | Effluent Filter: <input type="checkbox"/> N/A If present, was it cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Distribution Box Riser: <input type="checkbox"/> Present <input type="checkbox"/> N/A <input type="checkbox"/> Absent, how many _____  | Condition of Splitter Box: <input type="checkbox"/> Good <input type="checkbox"/> Poor, which one? _____                           |
| 8 Inch Inspection Port: <input type="checkbox"/> Present <input type="checkbox"/> N/A <input type="checkbox"/> Absent  | Condition of Distribution Box: <input type="checkbox"/> Good <input type="checkbox"/> Poor, which one? _____                       |
| Curtain Drain Inspection Port: <input type="checkbox"/> Present <input type="checkbox"/> N/A <input type="checkbox"/> Absent   | High Water levels in Curtain Drain or Inspection Port: <input type="checkbox"/> Yes <input type="checkbox"/> No                    |
| High Water levels at time of pumping: <input type="checkbox"/> No <input type="checkbox"/> Could not determine <input type="checkbox"/> If yes, tank # _____   | High Water levels in Distribution Box: <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| Evidence of previous high water levels: <input type="checkbox"/> No <input type="checkbox"/> Could not determine <input type="checkbox"/> If yes, tank # _____   | Did it rain in the last week? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Other solids removed: <input type="checkbox"/> Filter Media <input type="checkbox"/> Peat <input type="checkbox"/> Other: _____  | Drainage Issues: <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Was dewatering necessary: <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ gal   | Is the tile in poor condition or clogged?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                              |
| Solid Waste Facility taken to: _____   |  |
| Did spillage occur during pumping process? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| If yes, was area properly cleaned and disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |

|  |                 |
|--|-----------------|
| <u>List all repairs, Additional Work and Comments:</u>   |                 |
| Disposal Location: <input type="checkbox"/> Waste Water Treatment Facility Name of Facility: _____   |                 |
| <input type="checkbox"/> Land Application Permit #: _____ Address: _____   |                 |
| Driver/Technician Name (printed)   | Company Phone # |
| Septic Hauling Company:  | Registration #  |
| YOUR TANK(S) IS RECOMMENDED FOR SERVICE AGAIN IN: _____ YEARS _____ MONTHS<br>REGULAR MAINTENANCE IS NECESSARY TO PROLONG THE USEFUL LIFE OF YOUR SEWAGE TREATMENT SYSTEM. |                 |

\*A copy of this report shall be provided to the Sewage Treatment System Owner and the Local Health Department