



Public Health
Prevent. Promote. Protect.

**Butler County
Health Department**

**BUTLER COUNTY HEALTH DEPARTMENT
301 SOUTH THIRD STREET
HAMILTON, OHIO 45011
(513) 863-1770 FAX 758-7970**

SEWAGE TREATMENT SYSTEMS OPERATION AND MAINTENANCE ASSESSMENT REPORT

System Information:

Owner: _____	Date: _____
Address: _____ Township: _____	
Treatment: Septic Aerobic	
Soil Absorption: Leach Field Drywell Other _____	

Inspection

Component	Yes	No	Quantity	Comments
Distribution Boxes				
Bull Valve				
Lift Tank				
Lids				Buried or Surface
Other				

Summary:

<input type="checkbox"/> System appears to be in satisfactory operation on this date
Comments:
Pumping Recommended: Y N Baffles Present: Y N
Condition: _____

System Status

System Failure observed	Y _____ N _____
All failing systems are reported to the Butler County Health Department	<input type="checkbox"/> Ponding in absorption area <input type="checkbox"/> Nearby Ditch/drainage area <input type="checkbox"/> Other _____

_____	_____
Owner	Technician
_____	_____
	Company

SYSTEM DRAWING

Drawings to include the Following: A) House B) Outbuildings near the system C) Point of permanent reference (Road with name) D) Septic Tanks E) Soil Absorption components F) System Failure G) Other important features such as ponds, decks etc.

Note: System can be generalized to rectangular shapes. Please include distances, Scale, Cardinal Directions.

