TOLEDO-LUCAS COUNTY TOLEDO-LUCAS COUNTY 635 N. Erie Street				
HEAL	ATN PT	Toledo, OH 43604		] Routine
	DEPARIMENT         Phone: 419-213-4100 ext. #3           Stay informed. Stay healthy.         Fax: 419-213-4141		#3	Re-inspection
Report of Inspection of Household Sewage Treatment System				
Property Address:	Street	City	State/7in	Township
Owner's Name:	Slieet	Phone:	State/Zip	
Owner's Address (if o	different):			
Date:	Time:	We	ather:	
System Evaluation				
<ul><li>□ Grass cover</li><li>□ Structure/Building</li></ul>	□ Vegetation cover: over system:			
Septic Tank(s): Last	pump out date:	Tank size:	Y	′ear built:
Risers present and in good repair?				
Liquid level: $\Box$ At inlet / outlet baffle $\Box$ Above inlet / outlet baffle $\Box$ Below inlet / outlet baffle				
	□ Unable to determine			
•	•	□ Yes □ No repair? □ Yes □ No □ □		
Liquid level:	□ Normal □ Lov	v 🗆 High 🗆 1	Unable to determine	
Pump/water le	present and in good re	pair: 🗆 Riser/Lid 🗆 '	•	c/high water alarm
System Type:	□ Leach field	□ Raised leach field	□ Aeration	
Cyclom Type.	□ Sand Mound	$\Box$ Holding tank	$\Box$ Sand filter	□ Other
Comments:				
<ul> <li>☐ Functioning</li> <li>☐ Surfacing v</li> <li>☐ Surfacing i</li> </ul>	time of inspection: g properly within leach field area n area of septic tank	<ul> <li>Bleed-out at edge of le</li> <li>Discharge via straight</li> <li>Evidence of past failure</li> <li>Other</li> </ul>	pipe or damaged plu	mbing
Dye test conducted?	🗆 Yes 🗆 No 🛛 Dye	color:	Test date:	
Re-check date	es: +	+	+	+ -
Comments:				
Disclaimer: The above in	-	□ Site conditions of the sewage treatr f future performance.	-	-