

ZANESVILLE-MUSKINGUM CO. HEALTH DEPARTMENT
205 North 7th Street, Zanesville, Ohio 43701-(740) 454-9741

EVALUATION OF EXISTING HOME SEWAGE SYSTEM AND WATER SUPPLY

Type of Inspection: Private Water System \$210.00 Sewage Disposal System \$100.00

Location of Inspection:

Address _____

Township _____ City _____

Occupant's Name _____

Phone where available 8:00 am to 9:30 am _____

Date of closing: _____

Please allow 7 to 14 days for completion.

Applicant:

Name _____

Agency _____

Address _____

City _____ State _____ Zip _____

Phone: _____

General Information: Complete as much as possible Is the house occupied vacant - How long? _____

Age of house or year sewage or water systems were installed. _____

Last date sewage tank was pumped. _____ Name of original owner. _____

Is electricity on and water available at taps? _____

Health Department use below this line and next page

Inspection Information: Dates of inspection(s) 1. _____ 2. _____ *3. _____

*Additional \$35.00 fee will be charged.

The opinion given may be rendered without knowledge of some of the individual parts of the home sewage and water systems and applies only to the date and time the opinion is made. Also, sewage systems which have not been used for a period of time may have previously existing problems undetectable at time of inspection. Therefore, this opinion does not guarantee the future performance of either the sewage or water systems.

Plumbing records on file indicate: Approval Disapproval No records on file

Questions concerning this dwelling's plumbing, contact Plumbing Unit at 454-9741.

Sewage Disposal System: Municipal Sewer Accessible to Dwelling Yes No

Primary Treatment:

Septic Tank Aerator Undetermined Size: _____ gal. (Check if estimated)

Distance from water system _____ feet

Secondary Treatment:

Leach Field Filter Bed Dry Well Aerator Other _____ Undetermined

Distance from water system _____ feet

Observable effluent discharge Effluent goes where: _____

Condition of effluent. Clear Cloudy Black None

Is not creating a nuisance and with similar use can be expected to continue operating in a suitable manner.

Is creating a nuisance and/or requires repair.

Comments: _____

Inspector _____

Date _____

Receipt #/Date of request _____/_____

Water Supply

Location of requested inspection: _____

Public Water available in area **Yes** **No**

Privately-owned water:

Source consists of:

Drilled Well - Construction Date _____

Casing Above grade Well pit Buried

Size casing _____

Well log available Yes No

Pump form available Yes No

PWS permit on file Yes No

Cistern

Dug Well

Other: _____

Disinfection Yes No

Type _____

Bacteriological Water Test (Total Coliform)

Sample collected date/result(s)

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|--|--|--|--|
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Does water system meet accepted standards as to development? **Yes** **No** **Unknown**

Acceptable standards may not meet current requirements for new private water systems. This evaluation is based upon water sample(s), field inspection(s) and record(s) available at time of evaluation. Amount of water or chemical quality is not assessed in this document.

Inspector's Comments:

Inspector

Date

Diagram: