

POINT OF SALE INSPECTION REPORT

Sewage Treatment System (STS) and/or Private Water System (PWS) Inspection

Company: _____

Inspector Name: _____

Phone Number: _____

Private Water Contractor

• ODH Registration #: _____

Registered Service Provider

• SCPH Registration #: _____

Buyer's Name: _____

Phone Number: _____

Property Address: _____ City: _____ Zip Code: _____

Parcel ID: _____ Bedroom #: _____

Date of Inspection: _____

The property has (mark one of each):

HSTS or Municipal Sewer
PWS or Public Water

Inspections Performed

STS Inspection

PWS Inspection

Water Analyses:

Bacteria

Nitrate

Lead

Arsenic

SCPH PWS records were available: Yes No

SCPH STS records were available: Yes No

If yes, attach the records to this report.

This report only applies to the date and time the inspection is conducted and does not guarantee the future performance of the system(s) being evaluated. The boxes below only represent the conclusion of the inspector. For details and comments on the system, please be sure to read the entire report. The report is valid for 2 years from the date of the inspection for the buyer listed above.

Based on the information available at the time of the inspection, the STS is: N/A

- Acceptable:** STS was not causing a nuisance at the time of the inspection and the house was occupied.
- Unacceptable:** The gray water is not properly routed and must be connected to STS.
- Unacceptable:** STS is causing a nuisance. Contact inspector listed above for further information.
- Unknown:** Inspector was unable to determine if STS is causing a nuisance. See comments for details.

Based on the information available at the time of the inspection, the PWS is: N/A

- Acceptable:** PWS is acceptable for property, however please see comments.
- Unacceptable:** PWS is not acceptable for property. Please see comments.

Once an acceptable sample result is received, the PWS will be acceptable.

Inspector's Signature: _____ Date: _____

Registered Contractor's Signature: _____ Date: _____

Form provided by:

Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313-6901
Phone: (330) 926-5600 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-6436
www.scph.org

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Property Address: _____

1. Complete a diagram of the property including all observed components of the system(s)
2. Fill in the distances on the table for the applicable systems
3. Add other notable features and/or sources of contamination on property on the table

Septic to:	Distance (ft)	Well to:	Distance (ft)
House		House	
Well/water line		Septic/sewer line	
Property Line		Property Line	
Road/Easements		Road/Easements	

Note: This is not a survey—distances shown are estimated using best available measurements.



Inspector's Initials: _____ Date: _____ Registered Contractor's Initials: _____ Date: _____

(if different than inspector)

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STS INSPECTION: N/A

Property Address: _____

Year STS was installed: _____

At inspection, house was Occupied Intermittent Vacant*

Number of occupants in last 60 days: _____ *How long house has been vacant: _____

System Type

Tile Field	Evapotranspiration	Drip Distribution	Unknown
Leach Well	Mound	Low pressure pipe	
Dry Bed/ Leach Area	Spray Irrigation	Discharging	

	Volume of water used during hydraulic loading:	gallons
Septic Tank 1 N/A		
Risers to grade (inlet) Yes No Unknown	Level in tank before water use:	_____
Risers to grade (outlet) Yes No Unknown	Level in tank after water use:	_____
Outlet "T" is present Yes No Unknown		
Baffles are functioning Yes No Unknown		
Size: _____	Gallons	
Septic Tank 2 N/A		
Risers to grade (inlet) Yes No Unknown	Level in tank before water use:	_____
Risers to grade (outlet) Yes No Unknown	Level in tank after water use:	_____
Outlet "T" is present Yes No Unknown		
Baffles are functioning Yes No Unknown		
Size: _____	Gallons	
Aerator N/A		
Risers to grade (inlet) Yes No Unknown	Level in tank before water use:	_____
Risers to grade (clarifier) Yes No Unknown	Level in tank after water use:	_____
Outlet "T" is present Yes No Unknown		
Manufacturer: _____		

Date tanks were last pumped: _____ **Info provided by:** Health Dept Owner

Wastewater properly routed: Yes No* Unknown *Please see comments

System dye tested: Yes* No *If yes, where: _____

System Designed to Discharge:

Yes: Location: _____ Quality: Clear Cloudy Gray Black
 Dye observed discharging: Yes No Odor: None Musty Septic
 Yes, but not observable due to: Vacancy/Intermittent Use Could not locate Other (see comments)
 No / Unknown

Inspector's Initials: _____ Date: _____ Registered Contractor's Initials: _____ Date: _____
 (if different than inspector)

POINT OF SALE INSPECTION REPORT

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(STS Inspection continued)

Property Address: _____

Additional comments and observations:

This system requires the submission of a transfer application (attached) for the Ohio EPA's National Pollutant Discharge Elimination System (NPDES) permit. This permit requires annual sampling and a service contract.

A variance was granted for this system when it was originally installed. please see attached documentation

The HSTS is designed to be alternated or diverted. This must be performed every six months

There were no records and some of the HSTS components could not be evaluated during the inspection

This HSTS was difficult to evaluate due to:

Vacancy or intermittent Use (a re-inspection is recommended after 60 days of full occupancy)

Inability to hydraulically load the system

Snow cover/Dense overgrowth

Rainfall/snow melt

Inaccessibility

Other:

Comments:

On average, a septic system properly treats wastewater for about 20 to 25 years before needing to be replaced. Changes in the number of occupants, water usage or the re-routing of plumbing may affect the future performance of the system.

Inspector's Initials: _____ **Date:** _____ **Registered Contractor's Initials:** _____ **Date:** _____
(if different than inspector)

POINT OF SALE INSPECTION REPORT

Sewage Treatment System (STS) and/or Private Water System (PWS) Inspection*

PWS INSPECTION: N/A

Property Address: _____

Year the PWS was constructed: _____

PWS Type:

Drilled well	Cistern	Pond
Drive point well	Hauled water storage tank	Other: _____
Dug well	Spring	

Casing Location:

Outside foundation	Exposed ____ inches above grade
Inside foundation	Unable to be located
Well pit	Other (explain): _____

Casing Type:

Steel	Plastic	Other (explain): _____
Casing Length: _____ feet	Unknown	
Casing Diameter: _____ inches	Unknown	
Depth of Well: _____ feet	Unknown	

Well Cap:

Vermin proof	Non-vermin proof	Well Seal	Unknown
Electrical conduit seated/sealed in well cap:	Yes	No	N/A
Visible signs of a non-sealed well cap observed:	Yes	No	N/A

If yes, please explain: _____

Equipment:

Atmospheric storage tanks used: Yes No
Number of tanks: _____ Approximate size: _____ Gallons
Location of Tanks: _____

Type of pump: Submersible Jet - location _____

The PWS appears to be accessible for cleaning with a drilling rig: Yes No Unknown

If no, the reason is: _____

The PWS appears to be accessible for chlorination: Yes No Unknown

If no, the reason is: _____

Continuous disinfection is used: Yes No N/A

If yes, the type is: Chlorine UV Light Other: _____

Continuous disinfection is required for cisterns, ponds, and springs

Filtration component is used Yes No N/A Unknown

If yes, the type is: Cyst Reduction Micron filter (Size): _____ Other: _____

Filtration components designed for cyst reduction are required for springs and cisterns

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(PWS Inspection continued)

Property Address: _____

Roof washers are in place (cisterns only) Yes No Unknown N/A

If no, the reason is: _____

Roof washers are only required on cisterns

Cistern/ hauled water tanks appear to be watertight and protected from contamination: Yes No N/A

If no, the reason is: _____

Flow Rate (Initial)	Flow Rate (After 30 min)	Location	Pump drew in air/stopped
_____ gpm	_____ gpm	_____	Yes No

Prescreening Results

Chlorine _____ ppm Method used _____
 Nitrate _____ ppm Method used _____
 Hours since water was last used (Lead/Copper) _____

Maximum levels for drinking water

Total Coliform* 4.0 CFU/100mL or 4.2 MPN/100mL
E. coli: 0.0 CFU/100mL or MPN/100mL
 Lead: 15.0 ug/L
 Nitrate: 10.0 mg/L
 Arsenic: 15.0 ug/L

*Cisterns, Hauled Water, and springs must be negative for total coliform and E.coli

Laboratory Results

Sample Type	Collection Date	Location	Result	Conclusion
				Acceptable Unacceptable
				Acceptable Unacceptable
				Acceptable Unacceptable
				Acceptable Unacceptable
				Acceptable Unacceptable

SCPH recommends testing water from a PWS for bacteria annually

Inspection comments and additional observations:

A variance was granted for this system when it was originally installed. please see attached documentation

This PWS was difficult to evaluate due to:

- Lack of records
- Inaccessibility
- Unable to run water

Comments:

Inspector's Initials: _____ **Date:** _____ **Registered Contractor's Initials:** _____ **Date:** _____
(if different than inspector)