SEWAGE TREATMENT SYSTEMS OPERATION AND MAINTENANCE ASSESSMENT REPORT

System Information:
Owner:________________________ Date:________________________
Address:________________________ Township:________________________
Treatment: Septic Aerobic
Soil Absorption: Leach Field Drywell Other________________________

Inspection

<table>
<thead>
<tr>
<th>Component</th>
<th>Yes</th>
<th>No</th>
<th>Quantity</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distribution Boxes</td>
<td></td>
<td></td>
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<tr>
<td>Bull Valve</td>
<td></td>
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<tr>
<td>Lift Tank</td>
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<td></td>
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<tr>
<td>Lids</td>
<td></td>
<td></td>
<td></td>
<td>Buried or Surface</td>
</tr>
<tr>
<td>Other</td>
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</tbody>
</table>

Summary:
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

All failing systems are reported to the Butler County Health Department

☐ Ponding in absorption area
☐ Nearby Ditch/drainage area
☐ 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.