



**PUTNAM COUNTY HEALTH DEPARTMENT  
SEWAGE TREATMENT SYSTEM  
OPERATION EVALUATION**

Property Address: \_\_\_\_\_

<b>TANK AREA</b>	
GPS coordinates of tank	
Nuisances observed	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please comment below

<b>SECONDARY TREATMENT AREA</b>	
Type of Secondary Treatment	
GPS coordinates of d-box (if available)	
Nuisances observed	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please comment below

<b>OUTLET (within 200 feet of system)</b>	
Location of outlet	<input type="checkbox"/> Road tile <input type="checkbox"/> Field tile <input type="checkbox"/> Open waterway <input type="checkbox"/> Unknown
GPS coordinates of outlet	
Discharge observed	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please comment below

<b>FUNCTIONING of SYSTEM</b>	
Is the system functioning as designed?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If no, please comment below

<b>COMMENTS</b>	
Please provide additional information not captured above. (i.e. additional education provided, work performed on system, etc.)	
Pump the tank within 10 years, per Permit requirements. Licensed pumper Will send report to PCHD. Review Maintenance information sent with Permit. Contact PCHD with questions.	

<b>Date of Evaluation</b>	
<b>Individual Performing Evaluation</b>	
<b>Signature</b>	
<b>Agency/Company</b>	