



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

Property Address: _____

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

| SECONDARY TREATMENT AREA | |
|---|--|
| 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 |

| OUTLET (within 200 feet of system) | |
|---|--|
| 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 |

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

| COMMENTS | |
|--|--|
| 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. | |

| | |
|---|--|
| Date of Evaluation | |
| Individual Performing Evaluation | |
| Signature | |
| Agency/Company | |