

MEDINA COUNTY HEALTH DEPARTMENT
Environmental Health Division
4800 Ledgewood Drive, Medina, Ohio 44256
(330) 723-9523 • Toll Free (888) 723-9688 • Fax (330) 723-9650
Email Address env@medinahealth.org

## **Homeowner Checklist for Sewage System Evaluations**

This checklist is for the property owner's use to gather as much information as possible about the property so that a complete evaluation of the household sewage treatment system can be conducted by the Medina County Health Department. This information will help prevent inconclusive evaluations and the need for additional inspections (and fees). Please be sure all items have been satisfactorily addressed prior to your scheduled evaluation. Although not required, a copy of this form may be returned to the Health Department. Please call our office if you have any questions.

Steps Taken	Comments/Notes
The property has municipal/sanitary sewer available.	☐ Yes. If yes, an inspection from the Medina County Health Department will <b>NOT</b> be done. Property <b>MUST</b> connect
Contact Medina County Sanitary Engineer's Office at (330) 723-9585 or Wadsworth City Engineering	to sanitary sewer.
Department at (330) 335-2751 to determine if sanitary sewer is available to your property.	☐ No. If no, an evaluation of the existing sewage system can be done.
Ensure all system components are exposed. A copy of the sewage system permit and drawing can be	☐ Yes, all components have been exposed.
supplied, if records are available, upon request.	$\square$ No, none of the components were located to be exposed.
The homeowner, or authorized representative must be present at the time of the evaluation to provide	<ul><li>☐ Yes, someone will be available.</li><li>☐ No, someone will not be available.</li></ul>
access to the home.	Contact the Health Department to make other arrangements.
Allow at least one (1) hour for the evaluation.	Scheduled Date
Call the morning of the evaluation between 8:30 a.m. and 9:30 a.m. to find out appointment timeframe.	Scheduled Time
Sanitarian may cancel or render the report	The following conditions exists:
<b>inconclusive</b> if any of the following conditions exist:	House vacant? ☐ Yes ☐ No
• House vacancy (over 30 days)	If yes, how long?  Tanks pumped? □ Yes □ No
<ul> <li>If the tank has been pumped within 30 days</li> </ul>	If yes, date pumped?
<ul><li>Discharge not located</li><li>High vegetation</li></ul>	No bish secretation on any
• Snow Cover	□ No high vegetation or snow.
The sewage effluent outlet must be flagged or staked at the point where the sewage effluent is discharged	☐ Yes, discharge located.
to the ground surface. <b>Note:</b> Leaching tile fields, ETA trench and trees and mounded leaching system	☐ No, unknown location.
will not have an outlet.	□ N/A
The filter bed distribution box, which is generally	☐ Yes, filter bed distribution box is visible.
located at the inlet of a filter bed is visible and accessible for inspection.	<ul><li>□ No, unknown location.</li><li>□ N/A</li></ul>
The file will not be closed until all necessary repairs have been made to the sewage system. <b>Receipts or</b>	Submit any required repair receipts to the Medina County Health Department.
reinspection will be required.	
NOTE: If sewage system failure is determined, orders will be issued for replacement/repair.  If municipal/sanitary sewer is available, the property MUST connect to sanitary sewer.	