



**Clermont County
Public Health**
Prevent. Promote. Protect.

**Clermont County Public Health
CSI Control Panel
SERVICE / INSPECTION FORM**

Property Owner _____

Address _____

Service Performed by _____

Date of Service/Inspection _____

Type of System _____

Installer _____

SEPTIC TANK:

Tank Capacity: __1000 __1500 __2000 other _____ (gal)

Lids:				Notes
Serviceable	YES	NO	N/A	
Secure	YES	NO	N/A	
Signs of infiltration	YES	NO	N/A	
Riser(s):				
Signs of infiltration	YES	NO	N/A	
Filter:	YES			
Cleaned		NO	N/A	
Handle/removable	YES	NO	N/A	
Pump				
Cleaned	YES	NO	N/A	
Pull rope attached	YES	NO	N/A	
Floats/Transducer				
Control operational?	YES	NO	N/A	
Alarm(s) operational?	YES	NO	N/A	
Float tree/transducer securely attached	YES	NO	N/A	
Tank:				
Sludge depth	_____inches			
Scum depth	_____inches			
Signs of infiltration	YES	NO	N/A	
Sewage on surface of ground?	YES	NO		

Notes: _____

DOSE TANK:

Capacity: 750 1000 1500 other _____ (gal)

Lids:				Notes
Serviceable	YES	NO	N/A	
Secure	YES	NO	N/A	
Signs of infiltration	YES	NO	N/A	
Riser(s):				

Signs of infiltration	YES	NO	N/A	
Filter: Cleaned	YES	NO	N/A	
Handle/removable	YES	NO	N/A	
Pump				
Cleaned	YES	NO	N/A	
Pull rope attached	YES	NO	N/A	
Floats/Transducer				
Control operational?	YES	NO	N/A	
Alarm(s) operational?	YES	NO	N/A	
Float tree/Transducer securely attached	YES	NO	N/A	
Tank:				
Sludge depth	____ inches			Should be minimal
Scum depth	____ inches			Should be minimal to none
Signs of infiltration	YES	NO	N/A	
Sewage on surface of ground?	YES	NO		

Notes: _____

MOUND:

				Notes
Bare spots?	YES	NO	N/A	
Exposed sand/gravel?	YES	NO	N/A	
Mowed to acceptable height?	YES	NO	N/A	
Holes/Animal damage/roots?	YES	NO	N/A	
Sewage on surface of mound/wet spots?	YES	NO	N/A	
Effluent in observation ports?	YES	NO	N/A	
Water in basal observation ports?	YES	NO	N/A	
Valve boxes/lids in good condition?	YES	NO	N/A	
Lateral sweeps/cleanout valve in good condition?	YES	NO	N/A	
Laterals				
Flushed?	YES	NO	N/A	
Biomass/sludge in laterals?	YES	NO	N/A	If yes, approximate length? _____
Laterals brushed/jetted?	YES	NO	N/A	
Distal height reset to 60"- 66"	YES	NO	N/A	

Notes: _____

GRADIENT/ INTERCEPTOR DRAIN:

Pump Basin				Notes
Lids:				
Serviceable	YES	NO	N/A	

Secure	YES	NO	N/A	
Signs of infiltration	YES	NO	N/A	
Riser(s):				
Signs of damage	YES	NO	N/A	
Pump				
Operational	YES	NO	N/A	
Pull rope attached	YES	NO	N/A	
Float				
Operational?	YES	NO	N/A	
Discharge				
Pump outlet OK?	YES	NO	N/A	
Gravity outlet free of debris?	YES	NO	N/A	
Animal guard present on gravity outlet?	YES	NO	N/A	

Notes: _____

CSI Control Panel:

Record settings on service record card in panel and below:

Status	Value			Notes
Et. 1				
CC 1				
Or C				
HL.C				
Moisture in panel?	YES	NO	N/A	
Evidence of insect/rodent damage?	YES	NO	N/A	
Alarm wire(s) disconnected?	YES	NO	N/A	
Panel securely fastened to building/post?	YES	NO	N/A	
Evidence of electrical component failure? (charred/black soot/burnt components)	YES	NO		
PANEL DOOR CLOSED AND LATCHED	YES			

Notes: _____

At the time of my inspection the system was working as it was designed and was not creating a health nuisance. All switches are in position for normal operation and I returned all covers and lids to their proper positions and the panel door is closed.

By: _____ Date _____