



Portage County Combined General Health District
999 East Main Street Ravenna OH 44266
Phone: 330-296-9919 Fax: 330-297-3597



Homeowner Acknowledgment Form and Operation and Maintenance Requirements

Aeration to Leach Lines

General Acknowledgment

- I have been explained the household sewage treatment system options (including estimated costs, required maintenance, etc.) that I have available for HSTS installation. I have addressed any questions that I have with my designer/installer and/or Portage County Health District Wastewater staff.
- I understand that all household sewage treatment systems must have an up-to-date O&M Permit and that I am responsible for the applicable maintenance on my HSTS at the frequency specified in my O&M Permit.
- Upon property transfer, information for required Operation and Maintenance and all other applicable information pertaining to my HSTS should be disclosed to subsequent homeowners.
- I understand that if sanitary sewer becomes available and accessible, I must properly abandon my HSTS, regardless of functionality, and connect to the sanitary sewer at the time it becomes available.

Operation and Maintenance

- Check sludge levels in tanks and pump when needed.
- Check surface grade/vegetative cover for erosion or settling & any evidence of seepage.
- Check for ponding in the distribution area.
- Check for surface water infiltration or clear water flows from the dwelling or structures into the system components & around or onto the soil absorption area.
- Monitor for proper operation of mechanical components and/or distribution methods.
- This system is composed of mechanical parts that will need replaced throughout the life of the system.
- Review & document event counters, elapsed time meters, flow meters, & alarm conditions where present.
- Monitor the liquid level or capacity of the leaching trench soil absorption component.
- Manage flow diversion mechanisms for the purpose of resting portions of the soil absorption area.
- Maintain a service contract with an authorized service provider for the lifetime of the HSTS.

Owner's Name:

Property Address:

Township:

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INFORMATION



Property Owner's Signature

Date