



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

## Septic Tank 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.
- 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.

Owner's Name: \_\_\_\_\_

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

Township: \_\_\_\_\_



\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date