



FRANKLIN COUNTY PUBLIC HEALTH
 280 E BROAD ST
 COLUMBUS, OH 43215
 1-614-525-3160
 www.myfcp.org

**Aerobic Treatment System
 Observation Report**

Water Quality and IDDE Programs

Off-Lot Record # 210	Political Subdivision JACKSON TWP	<input checked="" type="checkbox"/> 1st Observation <input type="checkbox"/> 2nd Observation <input type="checkbox"/> Additional Observation
Property Address 2385 CHATEAU ST GROVE CITY, OH 43123		Location of System on the Property <input type="checkbox"/> Front <input checked="" type="checkbox"/> Side <input type="checkbox"/> Rear
Property Owner ROY & DORIS MUSICK		Owner's Phone # 1-614-580-2850
Owner's Address 2376 CHATEAU ST		City/State/Zip GROVE CITY, OH 43123

System Description

System Manufacturer <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Norweco <input type="checkbox"/> Multi-Flo <input type="checkbox"/> Aqua-Clear <input type="checkbox"/> Nayadic <input type="checkbox"/> Oldham <input type="checkbox"/> Other	
Inspection Box Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Point <input checked="" type="checkbox"/> Storm Sewer <input type="checkbox"/> Road Ditch <input type="checkbox"/> Watercourse <input type="checkbox"/> Field Tile <input type="checkbox"/> Undetermined <input type="checkbox"/> Other _____

Observations

Motor <input type="checkbox"/> Missing Motor/Component <input type="checkbox"/> Mechanical Failure <input type="checkbox"/> Electrical Failure <input type="checkbox"/> Visible Damage
Aeration Chamber (Tank) <input type="checkbox"/> Sewage Odor <input type="checkbox"/> Floating Solids <input type="checkbox"/> High Liquid Level <input type="checkbox"/> Inadequate Aeration
Effluent <input type="checkbox"/> Sewage Odor <input type="checkbox"/> Gray Color <input type="checkbox"/> Black Color <input type="checkbox"/> Solids Present
Filter <input type="checkbox"/> Gray Liquid <input type="checkbox"/> Black Liquid <input type="checkbox"/> Solids Present _____
Blockage in the System <input type="checkbox"/> Blockage observed at _____
Additional Observations <input type="checkbox"/> THIS IS A AFTER MARKET MODER NOT APPROVED BY OHIO DEPT OF HEALTH NEEDS TO BE A AUTOMATIC [JET MOTOR] REferred TO RS. MARIAN NILEA PH# 614-525-5092

Action

<input type="checkbox"/> No corrective action necessary at the time of this observation. Thank you. PH# 614-525-5092
<input type="checkbox"/> Franklin County Public Health staff will return in _____ days to observe the system operation. Please refer to the items checked in the Observation section of this form. Please call the number listed below when repairs are completed.
<input checked="" type="checkbox"/> The observations noted above will be referred to a Registered Sanitarian for further administrative enforcement pursuant to Ohio Administrative Code 3701-29 and/or Ohio Revised Code 3718.

Franklin County Public Health Staff MIKE Cornell	Phone # (614) 525-286-4025	Date 8-2-22
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