



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

**Aerobic Treatment System
 Observation Report**

Water Quality and IDDE Programs

266

Off-Lot Record # 773	Political Subdivision MADISON TWP	<input checked="" type="checkbox"/> 1st Observation <input type="checkbox"/> 2nd Observation <input type="checkbox"/> Additional Observation
Property Address 7784 PONTIUS RD GROVEPORT, OH 43125		Location of System on the Property <input type="checkbox"/> Front <input checked="" type="checkbox"/> Side <input type="checkbox"/> Rear
Property Owner BRENDA K MARCUM		Owner's Phone # 1-614-778-8895
Owner's Address 3523 SWISHER LN		City/State/Zip GROVEPORT, OH 43125

System Description

System Manufacturer <input type="checkbox"/> Jet <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Discharge Point <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Road Ditch <input checked="" 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"/> <p style="text-align: right;">THIS IS AN AFTER MARKET MOTOR NOT APPROVED BY OHIO DEPT OF HEALTH MOTOR NEEDS TO BE A NORWECO MOTOR</p> <p style="text-align: center;">(614-525-3292 REFERRED TO MARY BETH BROWN R.S.)</p>

Action

<input type="checkbox"/> No corrective action necessary at the time of this observation. Thank you.			
<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 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.			
<table border="1"> <tr> <td>Franklin County Public Health Staff Mike Cornell</td> <td>Phone # (614) 525-2864-4025</td> <td>Date 5-12-22</td> </tr> </table>	Franklin County Public Health Staff Mike Cornell	Phone # (614) 525-2864-4025	Date 5-12-22
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