



# Delaware Public Health District

## Division of Environmental Health

470 S Sandusky St, Delaware, Ohio 43015 Phone: (740) 368-1700 Fax: (740) 368-1736

### Service Provider Monthly Summary Worksheet

Instructions for use:

Every month a registered service provider should submit this summary report to the Delaware Public Health District as proof of services performed. This form will standardize reporting to the Health District and ensure all homeowners under mandatory operation and maintenance permits receive the services required in their permit. You may continue to give clients your own report, but please submit this summary to the health district with you reports.

Step 1. Complete the *Company Name, Month, and Year* Section at the top of the form.

Step 2. For each property serviced during the month and year of the report, fill out a separate line.

Step 3. For the *Date* box, indicate the date the service was performed.

Step 4. For the *Address of Property* box, indicate the physical address where service was performed

Step 5. For the *Owner Name* box, indicate the name of the person/entity that owns the property where the service was performed

Step 6. In the *System Type* box, place the corresponding number/letter for the system that was serviced. These codes can be found in the blue section at the bottom of the page.

Step 7. In the *Functionality of System* box, place the corresponding letter of functionality of the system as observed during the service. These codes can be found in the green section at the bottom of the page. **(F)Functioning**=STS is operating as designed. **(R)Repaired during visit, functioning**=repairs made during service and STS is now operating as designed. **(I) In progress of repairing**=System is not functioning as designed, but a repair (which may require another trip to the property) is in progress that will bring the STS to function as designed. **(N) Needs further repair not addressed**=Repair needed, but this action is not being taken at this time. **(O) Out of Scope of service repairs needed**=Repairs needed that will require an alteration/replacement of the STS, or system component that the service provider is not certified to repair.

Step 8. In the *Additional Comments* box, place any notes you believe are needed for the system.

Step 9. Fax, Email, or Mail the form to DPHD.

Company Name: **Sample Company A** Month: **EXAMPLE May** Year: **2016**

Date	Address of Property	Owner Name	System Type (Please use codes below. STS 1-15; GWRS A-D)	Functionality of System (Please use codes below F, R, I, N, O)	Additional Comments
5/5/16	1234 Example Rd., Delaware, Ohio 43015	John Doe	7	O	Sewage surfacing on property. Appears a leach line has been destroyed

Please fax to: 740-368-1736, mail to: 470 S Sandusky St, Delaware, Ohio 43015, or email to: [delawarehealth@delawarehealth.org](mailto:delawarehealth@delawarehealth.org)

System Type Codes				Functionality Codes	
1. Septic Tank to Shallow Leach Lines	6. Pretreatment to Sand Mound	11. Septic Tank to LPP	A. GWRS Type 1	F. Functioning	
2. Pretreatment to Shallow Leach Lines	7. Septic Tank to Drip Distribution	12. Pretreatment to LPP	B. GWRS Type 2	R. Repaired during visit, functioning	
3. Septic Tank to 18"-30" Leach Lines	8. Pretreatment to Drip Distribution	13. Spray Irrigation	C. GWRS Type 3	I. In progress of repairing	
4. Pretreatment to 18"-30" Leach Lines	9. NPDES System	14. Privy or Holding Tank	D. GWRS Type 4	N. Needs further repair not addressed.	
5. Septic Tank to Sand Mound	10. Other (provide description)	15. Sand Lined System		O. Out of scope of service repairs needed	



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