



**Public Health**  
Prevent. Promote. Protect.  
**Trumbull County**

**Trumbull County Combined Health District**  
194 West Main Street  
Cortland, OH 44410  
[www.tcchd.org](http://www.tcchd.org)

Frank J. Migliozi, MPH, REHS, Health Commissioner



## Sewage Complaint Report

ENV 1030, Attachment D, 002

**Please Read Directions Carefully:**

1. All information must be completed before the health department will investigate your complaint.
2. Be very specific in the description of the complaint.
3. Complainant information must be completed.

**Missing information will delay the processing of this complaint by TCCHD and may not be investigated.**

*Complete Info about Person Reporting Complaint*

Reported by: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

*Complete Info about Reported Property/Owner*

Owner \_\_\_\_\_  
Phone \_\_\_\_\_  
Location Address/Parcel Number \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address (if different from location address)  
\_\_\_\_\_  
\_\_\_\_\_

Check All That Apply:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> No Septic System                       | <input type="checkbox"/> Sewage Water Surfacing      | <input type="checkbox"/> Sewage/Color (Sewage Effluent) |
| <input type="checkbox"/> Septic Tank Overflowing                | <input type="checkbox"/> Sewage Discharging to Ditch | <input type="checkbox"/> Flooded Septic System          |
| <input type="checkbox"/> Septic System Altered without Approval |  | <input type="checkbox"/> Septic System Non-Operational  |
| <input type="checkbox"/> Sewage Discharging to Stream or Pond   |  | <input type="checkbox"/> Visible Sludge                 |

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exact directions for reaching location of complaint: \_\_\_\_\_  
\_\_\_\_\_

Township, Village or City in which complaint is located: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(REQUIRED)