To change letterhead:

Open HDIS and go to Maintenance > General Profile > General

Make sure **Use HDIS Letterhead** is check marked and to preview an example click the **Print Test** button.



Community & Public Health Servio	ces	Vital							
Options for Printing Let	tters								
0 🚔 Letters-1/4 inches from	m top								
🗌 Letters - 1" left margin									
🗌 Letters - 2" left margin									
🗌 Letters - 2 1/4" left margin									
Letters - 2 1/2" left margin									
Print Return Address on Enve	lopes	Ľ							
🗹 Use HDIS Letterhead (jpg)	Print Test								
Use HDIS Letterhead (bmp)	Print Test								
NPI # - Used for Receipts		a							

To change the actual letterhead, open up File Explorer



Navigate to: C:\HDIS\Graphics\Header.jpg

Look for Header.jpg

If you have a new letterhead to add, rename that file to Header.jpg and add it to the graphics folder.

Once added here, navigate to the Graphics folder in HDIS on the network.

For example, the network path might be "M:\HDIS\Graphics"

Copy and paste Header.jpg here.

For other users to have the updated letterhead they must run their local HDIS update, which can be found in: C:\HDIS\upghdis.exe



How to add Field names in Letters:

In Sewage, open Maintenance > Field Names

Select the section you will be using to view field names.



For Sewage O/M Charges you can open **Household Sewage Treatment Systems Charge File**

Data Base Field Name	s for Residential Charg	e File	×
Field Name	Data Base Field Name	•	Close
1ST NOTICE	SESCHX.NOTICE1		0.000
1ST QUARTER AMOUNT	SESCHX.AMT_1	·	Print
1ST QUARTER DATE PAID	SESCHX.DATE_1		
1ST QUARTER RECEIPT	SESCHX.REC_1		
2ND NOTICE	SESCHX.NOTICE2		
2ND QUARTER AMOUNT	SESCHX.AMT_2		
2ND QUARTER DATE PAID	SESCHX.DATE_2		
2ND QUARTER RECEIPT	SESCHX.REC_2		
3RD NOTICE	SESCHX.NOTICE3		
3RD QUARTER AMOUNT	SESCHX.AMT_3		
3RD QUARTER DATE PAID	SESCHX.DATE_3		
3RD QUARTER RECEIPT	SESCHX.REC_3		
4TH QUARTER AMOUNT	SESCHX.AMT_4	-	
4TH QUARTER DATE PAID	SESCHX.DATE_4		
4TH QUARTER RECEIPT	SESCHX.REC_4		
ASSESSED	SESCHX.ASSESSED		
CHECK#	SESCHX.CHECK_NUM	-	
COST	SESCHX.COST	-	
DATE	SESCHX.DATE	-	
DATE PAID	SESCHX.PAID_DATE		
DESCRIPTION	SESCHX.DESCRIPT		
FEE CODE	SESCHX.CODE		
FINAL NOTICE	SESCHX.FINAL		
O/M OPER PERMIT #	SESCHX.PERMIT		
PAID	SESCHX.PAID		
RECEIPT #	SESCHX.RCPT		
		-	

For the main Sewage Field Names open **Field Names > Household Sewage Treatment Systems.** Everything underneath **Field Name** can be used in letters. Make sure to add * in front and after a field name when entering this in a letter.

Data Base Field Names for		×	
Field Name	Data Base Field Name	^	Close
# OF BEDROOMS # OF TANKS	SES.BEDROOMS SES.P_TANKS		Print
2ND SOIL SERIES CODE 2ND SOIL SERIES RATING	SES.SOIL2_CODE SES.SOIL2_RAT		
2ND SOIL SERIES SLOPE 2ND SOIL SERIES TEXT	SES.SOIL2_SLOPE SES.SOIL2_TEXT		
2ND SOIL SERIES TYPE 2ND INSTALLER	SES.SOIL2_SERIES		
ATU MFG.	SES.P_AEROBIC		
ADDITIONAL PRETREATMENT MFG. AE	SES.S_MFG_A		
AEROBIC FILTER TYPE AMOUNT PUMPED	SES.S_MFG_AT SES.PR_AMT1		
AMOUNT PUMPED 2	SES PR AMT2		

To edit Sewage O/M Letters go to Maintenance > O/M Household Sewage Treatment Systems Letters/Invoices:

🙎 Sewage Treatment - Health District Information System

Sewage Treatment Reports Browse/ListExport Count/Graph Maintenance Return



Select the letter you want to edit and add in the field names.

The sections highlighted below are the field names used.

Example:

×	Residential Letters / Invoices														×)					
1	2	3 F	inal	2-1	2-2	2-3	Final-2	3-1	3-2	3-3	Final-3	4-1	4-2	4-3	Final-4	5-1	5-2	5-3	Final-5	S.C. Expires	5
	OPERATION & MAINTENANCE INSPECTION INVOICE - \$180.00 DUE *OPERATIONAL PERMIT #* *O/M TOTAL* RE: Household Sewage Treatment System Operation & Maintenance Inspection Invoice Parcel ID # *PARCEL ID#* *ATU MEG.* Aeration Unit Property Address, *STREET*, *POLITICAL SUB. CITY* The Mahoning County District Board of Health sent you an initial letter indicating that an operation & maintenance contract was required for the household sewage treatment system																				
	(I C F	Pleas	5) IC ict, 1 e no (A	ocate the B ote th A) The pre ne	ed at Board ne Oh e boa opos cess	this p I of H ard of ed S ary to	dminist f health TS site c assur	y. vve rould trative may e, to c re cor	e also cond e Coo at ar ondu nplia	de 37 de 37 ny rea ince v	701-29- asonab mpling with this	23 (A 23 (A le tim , colle s cha	r we i and A) and ne ins ect da pter	d (B) char d (B) spect ata, c	(3)(4) s any ST pr perfo	eive a hat ir tates TS, pa rm of	an ac ispec :: art th ther a	ction. ereoi activit	f, or		
	 (3) Proof of required maintenance has not been provided by the owner of the STS as required in paragraph (D) of 3701-29-19 of the Administrative Code. The board of health shall provide written notice to the owner of a STS of the option to provide proof of maintenance in lieu of inspection by the board, and the reasonable cost of the inspection which may be assessed to the STS owner; or 																				
(4) A board of health may inspect a STS without prior notice in any instance in which Spell Check Close												se									