

Trumbull County Health Department
176 Chestnut Ave. NE
Warren, OH 44483
330-675-2489

**APPLICATION FOR EVALUATION OF EXISTING
HOME SEWAGE SYSTEM POINT OF SALE/
REAL ESTATE TRANSFER or ADDITIONS**

Applicant must complete all items.

Fee is non-refundable

No Fee for Additions

Real Estate Transaction Inspection Fees:	Septic Inspection	<input type="checkbox"/>	\$250.00
	O&M Testing	<input type="checkbox"/>	
	Well: Bacteria	<input type="checkbox"/>	40.00
	Lead	<input type="checkbox"/>	60.00
	Nitrates	<input type="checkbox"/>	40.00
	TOTAL		\$_____

Location to be evaluated:

Address: _____
Township: _____
Directions to site: _____

Results to be communicated & mailed to:

Homeowner Information (below)

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____

Access to be provided by:

Name: _____
Phone: _____

Location of septic system: _____

Number of occupants in home: _____ Number of bedrooms _____ Date of last pumping _____

Age of home & septic system: _____ Size of lot: _____

Is the house occupied? _____ Y or N

Has the house been occupied for the last 60 days? _____ Y or N

Have there been any other evaluations of this sewage system? _____ Y or N

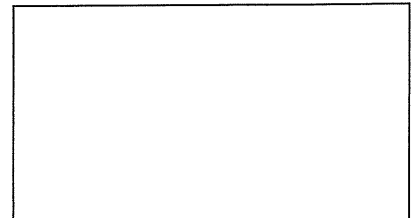
Have there been any repairs/maintenance done on this sewage system other than pumping? _____ Y or N

If Yes, provide information as to what was done and when _____

Is all plumbing tied into septic system? _____ Y or N or Unknown

If this system is a leaching trench system with two (2) fields, when was the system last switched to the field currently in use? _____

Submit sketch of house, well & complete septic (to the best of your knowledge). List components.



Signature of Requestor Date

Checked: Daily Log _____ Complaints _____ O&M Status _____
Office/form/Point of Sale Application rev. 4-17-07

POINT OF SALE / REAL ESTATE TRANSFER ACKNOWLEDGEMENT

*** PLEASE READ THE FOLLOWING SECTION CAREFULLY BEFORE SIGNING ***

I, the undersigned, acknowledge that the conclusions in this evaluation are opinions based on written documentation available in the Health District archives, a visual inspection of accessible components of the sewage system, and/or in the case of off-lot systems; sample test results utilizing standard methods of wastewater analysis. I also understand that the conclusions and/or results of this evaluation are with respect to the effectiveness of the system at the time of the inspection and in no way guarantees the future performance of the system. **I understand the system cannot and will not be evaluated by this department if any of the following conditions exist:**

1. Any snow cover pertaining to on-lot systems. Off-lot system will be determined on an individual basis.
2. The house is vacant and there is no running water.* (see statement below)
3. The sewage system has not been under normal load for at least 60 consecutive days. * (see statement below) All wastewater including laundry must flow into the septic tanks.
4. The septic tank(s) have been pumped within the last 60 days.
5. All components (septic/aeration tanks, lift station, distribution boxes) of the system are not uncovered and clearly visible to the Environmental Health Sanitarian, as is the responsibility of the homeowner or person requesting the evaluation.
6. No one is present to provide access to the property and house.
7. Excessive brush, grass, or ground cover exceeds 6 inches in height.
8. In the case of off-lot discharge, a sample well is not present or has not been installed or a discharge is not present and a **flowing** sample cannot be obtained.

*** The homeowner may be required to make arrangements to have a down-hole camera inspection conducted OR a water truck present at the time of inspection.**

I acknowledge that if any of these conditions exist, a re-evaluation fee will be required for a second visit to the property. In addition, it is understood that if the system is determined to be failing and ineffectively treating the sewage effluent, the owner will be **REQUIRED** to make necessary repairs to the sewage system.

THE APPLICANT MUST SIGN THIS FORM.

Property location _____ Twp. _____

Signature of Property Owner

Date

Witness

Signature of Requestor/Applicant

Date

Witness

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