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Application for a Sewage Treatment System Evaluation

NOTE: The house must be continuously occupied.

NOTE: If you believe you meet an exemption for not having an evaluation done at this time, please complete this packet identifying your exemption in the appropriate section and provide copies of the supporting documentation for review. An evaluation and payment may still apply if the exemption is not valid.

The Environmental Health Specialist will arrange and conduct the evaluation during normal business hours unless special arrangements have been made. The person providing access to the home must be available during the evaluation.

If this evaluation is due to a property transfer, it is important that all of the parties involved plan ahead. If possible, the evaluation should be scheduled at least **Forty Five (45) days** prior to closing. If possible, the evaluation should be conducted prior to the listing of the home instead of during or even after its sale. **The homeowner will be provided a copy of the evaluation and any other correspondence from the Health District. It will be the homeowner's/entity's legal responsibility to disclose and distribute copies to the buyer and/or as required by their purchase agreement, bank, realtor, title agency, etc.** Only one copy of the evaluation report and sample results will be provided.

The opinion rendered by the Health District regarding the sewage treatment system applies only to the date and time that the evaluation was conducted. This opinion does not guarantee the future performance of the sewage treatment system and is rendered with the expectation that the system will not be loaded beyond its original design capacity and that routine maintenance will be performed as required.

An additional fee will be invoiced for an O&M Permit upon completion and passage of an evaluation.

Reason for Request:

___ Sale of property ___ Risk
___ Refinancing ___ Voluntary
___ Public Health Nuisance

Location to be evaluated:

Property Address: _____
Township: _____
Owner's name: _____

Results to be provided by ___ mail ___ email:

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

Access to be provided by Check if same as Results :

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

Number of Occupants in home _____ Number of bedrooms _____ Date of last pumping _____

Is the house currently occupied? Yes or No If no, contact this office for additional information.

If yes, has it been continuously occupied for at least 60 days? Yes or No

Have there been any other evaluations of this sewage treatment system? (If yes, submit copies) Yes or No



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Have there been any repairs/maintenance done on this sewage treatment system other than pumping?
Yes or No If Yes, provide information as to what was done and when. _____

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

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

- I believe that I am exempt from a sewage treatment system evaluation at this time. Supporting documentation is provided with this application. I understand that if my exemption is not valid that I will receive an invoice to have an evaluation completed. (See page 4 for the list of exemptions.)
- 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 treatment system, and/or in the case of off-lot systems: sample test results utilizing standard methods of wastewater analysis (when requested). 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) Snow cover over on-lot systems. Off-lot systems will be determined on an individual basis.
- 2) **The house is vacant.**
- 3) **The sewage system has not been under continuous load. 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 staff, as is the responsibility of the homeowner or person requesting the evaluation.
 - a) **If a permit is not on file and the location and type of sewage treatment system is unknown**, the homeowner may choose to hire a registered sewage professional to verify the location, the length, and the type of primary/secondary treatment present, etc. **If the homeowner chooses not to hire a registered sewage professional, the Health District will require the system to be replaced.**
- 6) No one is present to provide access to the property/dwelling.
- 7) Excessive brush, grass, or ground cover exceeds 6" in height.
- 8) In the case of off-lot discharge, (when a sample has been requested) a sample well is not present or has not been installed or a discharge is not present and a **flowing** sample cannot be obtained.

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 or replace the sewage treatment system.

Check one (1) option below:

- If I have an off lot discharging sewage treatment system I understand that it must be evaluated but I have chosen not to have it sampled; additionally, I the undersigned acknowledge that I am required to disclose to any buyer that the passage of an effluent sample is required within ten (10) years of the date of issuance of this permit.
- If I have an off lot discharging sewage treatment system to be evaluated, I understand that sampling of the effluent is required within ten (10) years of the issuance of this permit. I elect to have the effluent sampled at this time. Please send me a request form.

Disclaimers

- 1) The components of the system may be fragile or brittle due to their age or the harsh environment they are exposed to.
- 2) The District shall not be liable for any loss or damage unless such loss or damage is caused by gross negligence or malicious intent.
- 3) **If an evaluation cannot be completed, a missed appointment fee will be assessed.**
- 4) The final report may not meet requirements for some lending agencies, e.g. FHA, VA, USDA, etc. The report will not be modified to accommodate these requirements or requests.

I have read, understand, and agree to the conditions stated on this form. No evaluation will be conducted without the signature of the current property owner. I acknowledge under penalty of falsification (ORC 2921.13) that no modifications have been made or substances added to the HSTS to temporarily alter the laboratory analysis of effluent generated by the HSTS. Such actions are a direct violation of Ohio disclosure laws.

THE CURRENT PROPERTY OWNER and REQUESTOR *MUST SIGN THIS FORM.*

Signature of Property Owner _____ *Date* _____

Signature of Requestor _____ *Date* _____

Exemptions

Each Sewage Treatment System in Huron County shall be inspected and evaluated prior to or after the sale. Transfers exempt (unless under previous HCPH orders) from inspections include the following. If you feel that you are exempt from a mandatory evaluation at this time, please, identify by checking the appropriate exemption below and providing copies of supporting documentation for review. An invoice will follow if the exemption is not valid.

- Transfer to evidence a gift, in any form, between spouses, domestic partners, or parent and child.
- Transfer into a trust where the settlor or the settlor's spouse or domestic partner conveys property to the trust and is also the beneficiary of the trust.
- Transfer on death to a relative, spouse, domestic partner or trust.
- Transfer pursuant to R.C. 2106.16) a purchase of property by a surviving spouse or domestic partner if left by decedent not specifically devised or bequeathed.
- Transfer between trusts without an exchange of funds.
- Transfer to a trustee acting on behalf of minor children of the deceased.
- Transfer to a trustee of a trust when the grantor of the trust has reserved an unlimited power to revoke the trust.
- Transfer to the grantor of a trust by a trustee of the trust when the transfer is made to the grantor pursuant to the exercise of the grantor's power to revoke the trust or to with draw trust assets.
- Transfer between person's pursuant to Revised Code section 5302.18 (survivorship).
- Transfer creating or ending joint ownership if at least one person is an original owner of the property or his or her spouse or domestic partner.
- Change in ownership solely to exclude a spouse or domestic partner.
- Pursuant to a court of competent jurisdiction an order to settle a divorce, dissolution or legal separation.
- Transfer to confirm or correct a deed previously executed and recorded.
- Transfer of an easement or right of way when the value of the interest conveyed does not exceed \$1,000.00.
- Transferred to or from the United States, Ohio or any instrumentality, agency or political subdivision of the United States or Ohio.
- Dwelling that is in possession of an active operation and maintenance permit obtained from HCPH prior to date of property transfer, i.e. 2015 or newer constructed home with system approved by HCPH.
- Premises or dwelling that has obtained an STS abandonment permit from HCPH to ensure proper demolition.
- Municipal Sanitary Sewer will be available within three (3) months, and system is not failing. Affidavit and agreement will be required.
- Transfer that has met all of the District's requirements and is delayed 45 days from the fully compliant and completed HCPH application date.
- Transfer from a sale that is under contract before March 25, 2019.
- Dwelling is legally tied into a municipal sanitary sewer or other wastewater treatment facility under the jurisdiction of the Ohio Environmental Protection Agency.

Make checks payable to Huron County Public Health. Fees below do not include effluent sampling.

Sewage Treatment System (STS) Evaluation Fees	Amount	Add TOTALS
Sewage Evaluation & Report – Household Permitted	\$423.91	
Sewage Evaluation & Report – Household Non-Permitted but Verified	\$57.58	
Sewage Evaluation & Report – Household Non-Permitted	\$450.00	
Sewage Evaluation & Report – Small Flow Permitted	\$300.00	
Sewage Evaluation & Report – Small Flow Non-Permitted but Verified	\$359.11	
Sewage Evaluation & Report – Small Flow Non-Permitted	\$450.00	

Re-inspections or Missed Appointments will be charged an additional \$75.00 for each occurrence.

<input type="checkbox"/> STS maintained by a current service contract. No fee applies.	Total Due prior	
HCPH Exemption verified by _____. No fee applies.	to scheduling	

After submitting this application with applicable fees, YOU MUST schedule an inspection with our office.