Huron County Public Health

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Application for a Sewage Treatment System Evaluation

The Environmental Health Specialist arranges and conducts evaluations 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. **Whomever the homeowner is at time of the evaluation, will be provided with 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. Once entered into the program the fee becomes annual, every 3 years, or every 5 years based on the type of system.

Reason for Request:

____Sale of property ____Risk
____Refinancing ____Voluntary
____Public Health Nuisance

Location to be evaluated:

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

Results will be provided by __ mail __ email**:**

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

Access to be provided by **(☐ Check if same as Owner):**

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 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

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.

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******PLEASE READ THE FOLLOWING SECTIONS 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 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 MAY not be fully 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) All components (septic/aeration tanks, lift station, distribution boxes) of the system are not uncovered and clearly visible to the Environmental Health staff. This 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**.
3) No one is present to provide access to the property/dwelling.
4) Excessive brush, grass, or ground cover exceeds 6" in height.
5) 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 any additional visits 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 the 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*_____

Make checks payable to Huron County Public Health.

Sewage Treatment System (STS) Evaluation Fees	**Amount**	**Check (✓)**
Sewage Evaluation & Report – Household Permitted	$574.96	
Sewage Evaluation & Report – Household Non-Permitted but Verified	$450.00	
Sewage Evaluation & Report – Small Flow Permitted	$300.00	
Sewage Evaluation & Report – Small Flow Non-Permitted but Verified	$359.11	

Fees listed do not include effluent sampling. Reevaluations or missed appointments will be charged an additional fee for each occurrence. After submitting this application with applicable fees, schedule an inspection with HCPH.