


Highland County General Health District 1487 N. High St. Suite 400 Hillsboro, Ohio 45133 Phone: (937) 393-1941 Fax: (937) 393-4694 Email: info@highlandcountyhealth.org		APPLICATION FOR:
		I. Existing Sewage Treatment System Evaluation
		II. Existing Private Water System Evaluation
		III. Water Sample Request


Office Use Only		
Date Paid:	Receipt #:	Total Amount:
<input type="checkbox"/> Existing Sewage Treatment System Inspection	Date Scheduled:	Time:
<input type="checkbox"/> Existing Private Water System Inspection	Date Scheduled:	Time:
<input type="checkbox"/> Water Sample	Date Scheduled:	Time:

<u>Instructions:</u>	Please complete, sign, date and return to the Highland County Health Department along with applicable fee. Incomplete applications may result in a delay of processing.				
Property Address:				City:	
State: OHIO	Zip:			Township:	
Has owner given permission for review to be completed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the Owner the same person as the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Owners/Sellers Name:			Applicant Name (if different from Owner/Seller):		
Owners Mailing Address:			Applicant Mailing Address:		
City:	State:	Zip:	City:	State:	Zip:
Owner Phone #:	Owner Cell #:		Applicant Phone #:	Applicant Cell #:	
Owner E-Mail:			Applicant E-Mail:		
WHO SHOULD BE CONTACTED TO SCHEDULE INSPECTION?					
Name:			Phone:		
<ul style="list-style-type: none"> ● Our office will contact person above to schedule the onsite evaluation. ● Inspections may require access inside home for some system components and dye testing as well as water sampling. ● Adult above should be onsite at scheduled appointment time to allow access for inspection as needed. ● Please allow 14 business days for completion. Water sample results may take longer. 					
To whom should the reports/results be released? (Select One) <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Other Recipient*				*Other Recipient (if applicable) Other Recipient Name: _____	
How do you want the report/results released? (Select One) <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Will Pick Up				Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____	

Water Samples All samples must be pre-scheduled.


-  Who can take the samples?
- Health Department: Samples are taken by Health Department Employees weekly on Monday afternoons between Noon and 4 pm. Holidays may affect lab availability.
 - Homeowners/Designated Applicant: Must follow sampling instructions. Sampling instructions are provided when purchasing sampling kit. Sampling instructions are also attached to this application and may be removed. Water sample results are for your own information ONLY and will not be accepted for health department related programs. Lending or other such agencies may also require our office/certified individual to take the sample.
 - **Samples must be taken on Monday afternoons after 12:00 PM and returned no later than 2:30 PM for processing.**

NOTE: PRIVATE SAMPLES ARE NOT TO BE USED FOR INSPECTION PURPOSES.


 Most tests cannot be analyzed if the sample contains any trace of chlorine. The water source must be pre-tested for the presence of chlorine prior to collecting the sample using chlorine test strips.


Has the system been chlorinated recently? Yes No


If yes, when was chlorine added to the system? _____

 Water sample results should be expected to be received as follows:

- Bacterial samples if taken on Monday are generally back by Friday that same week.
- Other types of samples (lead, nitrates, etc.) - upon receiving the sample, the lab has a least 10 -14 business days to forward the lab results to the Highland County Health Dept.
- Some tests require hold times which may prolong test duration and results

 Please allow for the appropriate amount of time to process the sample results when applying for testing.

 Some tests require specialized collection bottles that have short shelf life. Our office may need to order those bottles from MASI labs, so testing could be delayed 1 to 2 weeks.

 Additional tests (potable and non-potable) are available, contact this office for a complete list of tests available and associated fees.

2022 Water Tests And Costs Through MASI Laboratories

Please check all water tests being requested below.

	SOURCE	PARAMETER	COST	LAB SHEET	TEST NUMBER	BOTTLE
<input type="checkbox"/>	Drinking Water	Total Coliform Quanti-Tray (Colony count provided in results)	\$26.25	Green	376	100 ml
<input type="checkbox"/>	Drinking Water	Total Coliform MMO-MUG (Presence/absence result only)	\$18.74	Green	140	100 ml
<input type="checkbox"/>	Drinking Water	E-Coli Quanti-Tray (separate analysis)	\$22.50	Green	1173	100 ml
<input type="checkbox"/>	Drinking Water	E-Coli MMO-MUG (separate analysis)	\$22.50	Green	265	100 ml
<input type="checkbox"/>	Drinking Water	Other:				
<input type="checkbox"/>	Drinking Water	Arsenic	\$20.60	Pink	13	250 ml
<input type="checkbox"/>	Drinking Water	Manganese	\$20.60	Pink	878	250 ml
<input type="checkbox"/>	Drinking Water	Hardness	\$ 23.90	Pink	66	250 ml
<input type="checkbox"/>	Drinking Water	Iron	\$20.60	Pink	868	250 ml
<input type="checkbox"/>	Drinking Water	Lead (First Draw) (for plumbing)	\$ 20.60	Pink	977	1 liter
<input type="checkbox"/>	Drinking Water	Lead (Total) (for aquifer)	\$ 20.60	Pink	971	250 ml
<input type="checkbox"/>	Drinking Water	Lead & Copper Rule (First Draw)	\$41.20	Pink	857 / 977	1 liter
<input type="checkbox"/>	Drinking Water	pH	\$ 9.87	Pink	96	250 ml

<input type="checkbox"/>	Drinking Water	Nitrate (Reported as Nitrate + Nitrite)	\$18.70	Pink	89	250 ml
<input type="checkbox"/>	Drinking Water	Nitrite	\$18.70	Pink	90	250 ml
<input type="checkbox"/>	Drinking Water	Herbicides - Full Method List	\$157.50	Pink	515	250 ml Amber – must order
<input type="checkbox"/>	Drinking Water	Pesticides - Full Method List	\$157.50	Pink	508	1 L Amber must order
<input type="checkbox"/>	Drinking Water	VOC (21 Regulated list)	\$110.25	Pink	154	250 ml
<input type="checkbox"/>	Drinking Water	Other:				
<input type="checkbox"/>	Non-Potable (Waste Water)	Suspended Solids (mg/l) NPDES Permit requires annually	\$20.60	Yellow	117	250 ml
<input type="checkbox"/>	Non-Potable (Waste Water)	Nitrogen Ammonia NPDES Permit requires annually	\$24.65	Yellow	91	250 ml
<input type="checkbox"/>	Non-Potable (Waste Water)	CBOD 5 Day NPDES Permit requires annually	\$36.75	Yellow	33	250 ml
<input type="checkbox"/>	Non-Potable (Waste Water)	Dissolved Oxygen NPDES Permit requires annually	\$11.45	Yellow	56	250 ml
<input type="checkbox"/>	Non-Potable (Waste Water)	E. Coli NPDES Permit requires annually	\$32.80	Yellow	219	100 ml
<input type="checkbox"/>	Non-Potable (Waste Water)	BOD 5 Day	\$36.75	Yellow	23	250 ml
<input type="checkbox"/>	Non-Potable (Waste Water)	Fecal Coliform – MPN (Sludge)	\$88.40	Yellow	272	100 ml
<input type="checkbox"/>	Non-Potable (Waste Water)	Fecal Coliform – CFU (Quanti-Tray)	\$32.80	Yellow	58	100 ml
<input type="checkbox"/>	Non-Potable (Waste Water)	Herbicides - Full Method List	\$157.50	Yellow	1154/ 8151	1 L Amber must order
<input type="checkbox"/>	Non-Potable (Waste Water)	Pesticides & PCBs - Full Method List	\$157.50	Yellow	608/ 8081	1 L Amber must order
<input type="checkbox"/>	Non-Potable (Waste Water)	Oil and Grease	\$65.05	Yellow	387	1 L Amber must order
<input type="checkbox"/>	Non-Potable (Waste Water)	Other:		Yellow		

How to determine how much you owe for a water sample test:

Example 1: You are requesting the Health Department to sample your well for Total coliform bacteria (needing a number result). You would calculate the fees as follows:

Select this option when needing sample results for inspection purposes to satisfy a transfer of sale or lending agency requests.

Health Department will be taking sample(s)
 Local Fee: \$ 32.00
 + Lab Pickup Fee: \$ 7.95
 + Cost of Test(s) Requested: \$ 26.25 Total Coliform Quanti-Tray (Colony count provided in results)

Total Cost = \$ 66.20

Example 2: You would like to test your well yourself for Total coliform bacteria (needing a number result). You would calculate the fees as follows:

This option shall not be used for inspection purposes to satisfy a transfer of sale or lending agency requests.

Private Individual will be taking samples(s)
SAMPLES NOT TO BE USED FOR INSPECTION PURPOSES
 Lab Pickup Fee: \$ 7.95
 + Cost of Test(s) Requested: \$ 26.25
 Total Coliform Quanti-Tray (Colony count provided in results)

Total Cost = \$ 34.20

Please check services being requested. All services must be paid in advance. Fees are shown below.

<input type="checkbox"/> Water Sample: All samples must be pre-scheduled. Check who will be taking the sample and what tests will be needed	See chart for individual test fees
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<input type="checkbox"/> Health Department will be taking water sample(s) Local Fee: \$32.00 + Lab Pickup Fee: \$ 7.95 + Cost of Test(s) Requested: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ (see fee chart) Total Water Sample Cost = \$ _____ <p style="text-align: center; color: red;">CHECK TESTS REQUESTED ABOVE</p>	<input type="checkbox"/> Private Individual will be taking samples(s) <i>Samples not to be used for inspection purposes</i> Local Fee: n/a Lab Pickup Fee: \$ 7.95 + Cost of Test(s) Requested: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ (see fee chart) Total Water Sample Cost = \$ _____ <p style="text-align: center; color: red;">CHECK TESTS REQUESTED ABOVE</p>
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<input type="checkbox"/> Existing Sewage Treatment System Inspection	Fee = \$53.00
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Year house/building was built:	Number of bedrooms:
Are access lids to system components (tanks, distribution boxes, cleanouts, or sampling ports) uncovered? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: All lids to system components must be accessible. Any lids buried should be uncovered and have a riser assembly installed reaching above ground surface. Buried components cannot be inspected.	
Is the home/building currently occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many occupants are in the home/building? If no, how long has the property been vacant?	Is there a water source available to perform a Hydraulic test/ dye test? <input type="checkbox"/> Yes <input type="checkbox"/> No
Note: If system was permitted by EPA, please submit copy of system approval. This applies to nonresidential systems.	

<input type="checkbox"/> Existing Private Water System Inspection	Fee = \$41.00
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System type: <input type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Spring <input type="checkbox"/> Hauled Water Storage Tank <input type="checkbox"/> Unknown	Age of private water system:
Is the home/building currently occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the system have an automatic disinfection system? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, Please select type: <input type="checkbox"/> UV Light <input type="checkbox"/> Chlorination <input type="checkbox"/> Other

Office Use Only

<input type="checkbox"/> Existing Sewage Treatment System Inspection	\$
<input type="checkbox"/> Existing Private Water System Inspection	\$
<input type="checkbox"/> Water Sample Analysis	\$
TOTAL APPLICATION FEE	\$

BE SURE THAT APPLICANT AGREEMENT IS SIGNED PRIOR TO ACCEPTING THE APPLICATION

Please review and sign the following applicant agreement:

APPLICANT AGREEMENT

1. Fees for all services must be paid in full prior to the evaluation.

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|--|---|---|
| a) No out of state personal checks are accepted. | d) If a refund is requested prior to scheduling, the <u>original receipt</u> must be returned to our department along with a written request for a refund. It may take several weeks to process the refund. | e) If there are multiple systems servicing multiple buildings onsite, then an application and appropriate fee(s) must be submitted for each system to be evaluated/sampled. |
| b) No results will be released until all invoices are paid. | | |
| c) The fees are not refundable after the evaluation/water sample has been performed. | | |

2. For Transfer of Sale inspections:

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|---|--|---|
| a) Prior to sampling, contact lender regarding what type of water samples are required. | c) It is recommended to have the evaluation(s) performed prior to listing the property instead of during or even after its sale. | d) <u>Water samples must be collected by Health Department Employees.</u> Results from samples collected by private individuals are not to be used for inspection purposes. |
| b) It is important to plan ahead and schedule the evaluation at least 4 weeks prior to closing. | | |

3. One copy of the evaluation report/results will be released to owner or person as indicated in this application. It shall be that person's responsibility to distribute copies of the report to any purchaser, bank, realtor, title company, etc.

4. Weather or site conditions may delay the completion of the sewage system evaluation such as:

- | | | |
|--|---|---|
| a) Snow depth exceeding 2 inches. | c) Access lids to system are buried. If lids to the tanks, distribution boxes, cleanouts, or sampling ports are covered, these components should be uncovered prior evaluation to prevent delays or re-inspections. | d) Dye testing. Follow up inspections are necessary when dye testing a sewage system. |
| b) Excessive brush or grass cover over the system. If overgrown, the area over the system should be cleared prior to the evaluation. | | |

5. Evaluations performed on sewage systems currently not in use or with light use cannot be expected to represent future performance of the system.

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|---|---|--|
| a) Vacant homes will need to simulate occupancy by running water equal to minimum of 120 GPD per bedroom. | b) Water run time will be based on average flow rate of 1.5 gallons per minute per faucet | d) Please make sure water supply is adequate for hydraulic test. |
| | c) Expect water run time to be between 60 to 90 minutes on average. | e) Run time minutes = (120 gallons × number of bedrooms) ÷ (1.5 × number of faucets running) |

6. Sewage systems with no records on file will require a dye test. Dye testing may also be needed for other systems as determined by the inspector. Running water will be necessary for all dye tests.

7. Older systems (40+ years) typically are not capable of meeting current effluent standards or average flow rates. These systems are often in need of replacement or upgrade. This report may recommend replacement or upgrade for some systems even if problems were not noted during the inspection.

<p>8. The opinion rendered by the Board of Health in this evaluation applies only to the date and time that the evaluation was performed. This opinion does not guarantee future performance of the system and is based on the expectation that the system will not be loaded beyond its design capacity and that all repairs and routine maintenance will be performed as required.</p>		
<p>9. The evaluation results will be rendered as follows:</p>		
<p>a) STS evaluation will report 3 possible conclusions: Approved, Conditional Approval, or Disapproved.</p>	<p>b) PWS evaluation will disclose the condition/status of the system.</p> <p>c) 1. Appears to be functioning properly (with or without additional comments) or 2. May pose a health risk and requires repair.</p>	<p>d) Water Sample results: e) A copy of the lab analysis will be provided.</p>
<p>10. Due to schedule of the lab pick up on Tuesday mornings, all water samples can only be taken on Monday afternoons so please plan accordingly. Holidays may affect lab availability.</p>		
<p>11. Chlorination of PW systems: Unless the PW system is designed to have continuous chlorine disinfection, <u>no</u> chlorine can be present in the water system at the time of sampling. A sample cannot be taken if chlorine is detected. Chlorine test strips are available through this office.</p>		
<p>I have read, understand, and agree to the conditions stated on this form. I certify that the information provided in this application is accurate and I have been authorized by the owner to make this application as his/her agent.</p> <p style="text-align: center;">*Signature required to authorize inspection</p>		
<p>Owner/Authorized Agent Signature*:</p>		<p>Date:</p>

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HOMEOWNER WATER SAMPLING INSTRUCTIONS For Total Coliform Bacteria and E-Coli.

Water samples can test for various items in the water supply. Each type of test has its' own sampling requirements. This form outlines the testing for Total Coliform Bacteria and E-Coli.

- 💧 Highland County Health Department (HCHD) uses MASI Environmental Laboratories.
- 💧 Due to testing requirements, strict sampling procedures and time frames must be followed.
- 💧 **Water samples MUST be taken and returned to this office on MONDAY AFTERNOONS BETWEEN 12PM AND 2:30PM. Samples taken prior to Monday noon (12pm) will not be tested.**
- 💧 Water sample results are for your own information ONLY and will not be accepted for health department related programs. Lending or other such agencies may also require our office/certified individual to take the sample.
- 💧 Bacterial water sample results are generally available at the end of that week. Other types of tests may take longer. Results can be mailed, e-mailed, or faxed.

INSTRUCTIONS

1. **Stop in:** Come to the HCHD and pay for the sample PRIOR to scheduled day of test. At that time, you will receive a sampling packet [A pre-sterilized 100ml sampling bottle; a MASI sampling form; Chlorination test strips; and Isopropyl alcohol wipes]
2. **Contact the HCHD:** On the Monday morning of the day you will be taking the test, call the HCHD to let us know when you will be bringing in the water sample. Samples can be dropped off on Monday afternoon between 12pm and 2:30 pm. (This is due to the lab closing at 3 pm on Mondays)
3. **Sampling Procedure**
 - a. Remove faucet cap and any plastic inserts if possible.
 - b. Sanitize with Isopropyl alcohol wipe the inside of faucet and around nozzle.
 - c. Turn on cold water. Test for chlorine. If strip turns color (purplish -blue) then stop. If no indication of chlorine is present, then proceed to allow water to run for 10 minutes.
 - d. Sanitize your hands.
 - e. Open bottle and fill past the 100 ml mark, into the neck of bottle, but allowing a small air gap between the top of the water and the lid. Try to minimize the amount of time the bottle is opened. DO NOT TOUCH the rim or the inside of bottle.
 - f. Do not touch the inside of the lid. Place the lid back on the bottle to reseal.
4. **Record information on MASI form:** Sampler's name; Sample tap (ex. Kitchen sink, bathroom sink, etc.); Address of private water system - include city; Date the sample was taken; Time sample was taken – be sure to mark AM or PM and what the test is for.
5. **Keep sample cool** at approximately 41 degrees Fahrenheit. DO NOT let sample FREEZE.
6. **Return** to the HCHD as soon as possible.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THIS OFFICE AT 937-393-1941.