

<p>Highland County General Health District  1487 N. High St. Suite 400  Hillsboro, Ohio 45133  Phone: (937) 393-1941  Fax: (937) 393-4694  Email: <a href="mailto:info@highlandcountyhealth.org">info@highlandcountyhealth.org</a>  Website: <a href="http://www.highlandcountyhealth.org">www.highlandcountyhealth.org</a></p>		<h2 style="margin: 0;">APPLICATION FOR: Existing Sewage Treatment System Evaluation</h2>
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Office Use Only		
Date Paid:	Receipt #:	Total Amount:
<input type="checkbox"/> Existing Sewage Treatment System	Date Scheduled:	Time:

**APPLICATION: Please complete and return to this office along with appropriate fee.**

**Application must be filled out by property owner or authorized representative.**

**Incomplete applications may result in a delay of processing.**

- ☆ Once submitted and paid for, our office will contact person above to schedule the onsite evaluation
- ☆ Refer to the current fee schedule on the Highland County Health Department (HCHD) website or contact our office for inspection cost.
- ☆ Inspections may require access inside home for some system components and dye testing as well as water sampling.
- ☆ An adult should be onsite at scheduled appointment time to allow access for inspection as needed.
- ☆ Please allow 14 business days for completion. Any water sample results may take longer.
- ☆ **All requested services must be paid in advance.**

**PROPERTY TO BE EVALUATED:**

Property Address:		Township:	
Property City:	Zip	Parcel #:	
Property Owner Name:		Applicant Name (if different from Owner/Seller):	
Owner Mailing Address:		Applicant Mailing Address:	
City:	State:	Zip:	City:
Owner phone:		Owner cell:	Applicant phone:
Owner e-mail:		Applicant e-mail:	
<input type="radio"/> Has owner given permission for review to be completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="radio"/> Is the Owner the same person as the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="radio"/> Who should be contacted to schedule inspection?			
Name:		Phone:	
<input type="radio"/> How do you want the report/results released (pick one)? [ <input type="checkbox"/> ] Email, [ <input type="checkbox"/> ] Mail, or [ <input type="checkbox"/> ] Will pick up at HCHD <input type="radio"/> Who should the reports/results to be released to (pick one)? [ <input type="checkbox"/> ] Owner [ <input type="checkbox"/> ] Applicant [ <input type="checkbox"/> ] Other Recipient*			
* Other Recipient Information (if applicable)			
Name		Address	
City		State	Zip
Email		Phone	

- Year house/building was built: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_
- Year the sewage treatment system was installed (if known)? \_\_\_\_\_
- Are access lids to system (to the tanks, distribution boxes, cleanouts, or sampling ports) uncovered?  Yes  No
- Is the home/building currently occupied?  Yes  No
  - If no, how long has the property been vacant?
  - Is there a water source available in case a dye test needs to be performed?  Yes  No
  - If yes, how many occupants are in the home/building? \_\_\_\_\_
- If system was permitted by EPA, please submit copy of system approval. This applies to nonresidential systems.
- When was the STS last pumped? \_\_\_\_\_
- Is the existing STS experiencing any issues? Please explain: \_\_\_\_\_

**\*\*\*APPLICANT AGREEMENT – Please read carefully prior to signing.\*\*\***

1. **Fees for all services must be paid in full prior to the evaluation.** No out of state personal checks are accepted. The fees are not refundable after the evaluation/water sample has been performed. If a refund is requested prior to scheduling, the **original receipt** must be returned to our department along with a written request for a refund. It may take several weeks to process the refund. **No results will be released until all invoices are paid.** If there are multiple systems servicing multiple buildings onsite, then an application must be submitted for each system to be evaluated/sampled.
2. **For Transfer of Sale inspections:** It is important to plan ahead and schedule the evaluation at least 4 weeks prior to closing. It is recommended to have the evaluation(s) performed prior to listing the property instead of during or even after its sale. Prior to sampling, contact lender regarding what type of water samples are required.
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: Snow depth exceeding 2 inches; Excessive brush or grass cover over the system. If overgrown, the area over the system should be cleared prior to the evaluation; 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. Dye testing. Follow up inspections are necessary when dye testing a sewage system.
5. **Evaluations performed on systems currently not in use** or with light use cannot be expected to represent future performance of the system. Vacant homes will need to simulate occupancy by running water equal to minimum of 120 GPD per bedroom. Water run time will be based on average flow rate of 1.5 gallons per minute per faucet. Expect water run time to be between 60 to 90 minutes on average. Please make sure water supply is adequate for hydraulic test.  

$$\text{Run time minutes} = (120 \text{ gallons} \times \text{number of bedrooms}) \div (1.5 \times \text{number of faucets running})$$
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.
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.
9. The evaluation results will be rendered as follows STS evaluation will report 3 possible conclusions: Approved, Conditional Approval, or Disapproved.
10. Due to schedule of the lab pick up, **all water samples can only be taken on Monday afternoons** so please plan accordingly. Holidays may affect lab availability.

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.

\*Signature required to authorize inspection

<b>Owner/Agent Signature*:</b>	<b>Date:</b>