

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

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

*Applicant must complete all items. Fee is non-refundable.*

Inspection Fees:	Septic Inspection	<input type="checkbox"/>	\$300.00 (eff. 6-1-17)
	O&M Testing Levels 3 or 4	<input type="checkbox"/>	no fee
	Well: Bacteria	<input type="checkbox"/>	97.00
	Lead	<input type="checkbox"/>	87.00
	Nitrates	<input type="checkbox"/>	86.00
	Expedited well results	<input type="checkbox"/>	10.50 (5 days)
	<b>TOTAL</b>		<b>\$ _____</b>

**Location to be evaluated:**

Address: \_\_\_\_\_  
Township: \_\_\_\_\_ Parcel ID# \_\_\_\_\_  
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: \_\_\_\_\_

**Vacant houses will  
be inspected.**

Location of septic system: \_\_\_\_\_

Number of bedrooms \_\_\_\_\_ Date of last pumping \_\_\_\_\_

Age of home & septic system: \_\_\_\_\_ Size of lot: \_\_\_\_\_

Is the house occupied? \_\_\_\_\_ Y or N

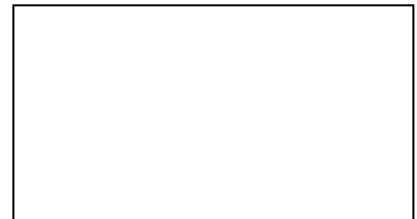
Have there been any repairs/maintenance done on this sewage system other than pumping? \_\_\_\_\_ Y or N

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

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

**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** \_\_\_\_\_

## 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 that any of the following MAY HINDER a full evaluation of the system:

1. 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.
2. No access to the property and house.
3. Excessive brush, grass, or ground cover.
4. For water tests, DO NOT CHLORINATE the well two (2) weeks prior to water sample.

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.

Property location \_\_\_\_\_ Twp. \_\_\_\_\_

\_\_\_\_\_  
Signature of Property Owner or Requestor

\_\_\_\_\_  
Date

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

**TRUMBULL COUNTY  
COMBINED HEALTH DISTRICT**  
176 Chestnut Ave. NE  
Warren, OH 44483  
330-675-2489

## **Fact Sheet**

### **Real Estate Transfer of Homes with Household Sewage Treatment Systems Point of Sale Inspections**

All inspections shall comply with current Ohio Department of Health regulations.

\*If the household sewage treatment system has been inspected by the Board of Health for a real estate transfer within the previous twelve (12) months and your property is on our Operation & Maintenance program, a point of sale inspection **may** be waived.

Applications for the inspection can be obtained at the Trumbull County Combined Health District, located at 176 Chestnut Ave., NE, Warren, Ohio 44483 (second floor), or on our website [www.tcchd.org](http://www.tcchd.org). **Once a written request has been made for this service, the fee is non-refundable.**

Upon receipt of the completed application and fees, the sanitarian will schedule an appointment for the inspection. Applications should be submitted as early as possible since the process can take as long as three (3) weeks to complete.

#### **Fees for Real Estate Evaluations:**

Household Sewage Treatment System Inspection	\$300.00 (effective 6-1-17)
Water Well Inspections: Total Coliform Bacteria (optional)	97.00
Lead (optional)	87.00
Nitrates (optional)	86.00
Expedited water well results	10.50 (5 days)

- If a sewage treatment system is determined to be malfunctioning at the time of the evaluation, repairs or replacement will be required.
- Pumping immediately prior to the dye test will delay the sewage system test.
- All household plumbing must be tied into the sewage system and inspected.
- Chlorination of water well prior to the water sample will delay the water well testing.
- All questions and results must be directed through the designated contact person who is listed on the Real Estate Request Form.
- This report is indicative of the system at the time of evaluation. Any subsequent changes in weather conditions, number of occupants, or water usage may affect system operation.
- The sanitarian's evaluation does not determine the property line boundaries, the location of wells with casings that do not extend above grade, or whether or not the sewage treatment system traverses the boundaries of the property being evaluated.
- All components must be easily accessible and uncovered prior to the sanitarian coming out to inspect, including septic tank/aerator inlets, splitter box, and lids must be exposed.