

RE Site Insp # _____
Amt. Received _____
Receipt # _____
Date Received _____

ASHTABULA COUNTY HEALTH DEPARTMENT
12 West Jefferson Street
Jefferson, Ohio 44047
(440) 576-6010 Option 3

Results to: _____

REQUEST FOR INSPECTION OF HOME SEWAGE TREATMENT SYSTEM/WATER SUPPLY FOR REAL ESTATE
***ALL HOME SEWAGE REAL ESTATE INSPECTION REQUESTS INCLUDE A NON-REFUNDABLE \$50.00 HANDLING AND PROCESSING CHARGE. SEWAGE INSPECTIONS ARE NOT CONDUCTED WHEN GROUND IS COVERED WITH SNOW OR ICE.**

Property Owner: _____ Date: _____

Mailing Address: _____ Phone: _____

_____ Is the home occupied
_____ on a full-time basis? YES _____ NO _____
City State Zip

Contact Person's Name & Phone Number (to gain access) _____

Location of Property: _____
Township/Village/City Street Address

Side of the Road Distance and direction from nearest road or intersection

NOTE: Inspection of your home sewage treatment system is not required by the Ashtabula County Health Department. This is a courtesy service offered by the Ashtabula County Health Department. (Fee must accompany request)

- _____ \$ 35.00 - Private Water Sample (Sale of House or re-sampling)
- _____ \$125.00 - Home Sewage Treatment Inspection Only
- _____ \$160.00 - Home Sewage Treatment Inspection and Private Water Sample

TO BE COMPLETED: I _____ am the owner of the above residence and this dwelling is occupied on a full-time basis. I confirm that my sewage treatment system has not been pumped in the last 60 days. I understand that the Ashtabula County Health Department is unable to inspect residential dwellings that are vacant prior to and during the health department's evaluation of a home sewage treatment system. Dwellings that have been vacant must be occupied on a full-time basis for 30 days prior to a home sewage treatment inspection.

_____ Date: _____
Property Owners Original Signature Required For Septic Inspection

WATER SAMPLE RESULTS:

Water Sample Collected: _____ Result Received: _____ Safe: _____ *Unsafe: _____
Date Date

*If water sample is unsafe, contact the Ashtabula County Health Department at 576-6010 between 8 & 10 A.M. for recommendations.

HOME SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS:

___ 1. No obvious problems were observed on _____. The Ashtabula County Health Department cannot guarantee that the system is working properly from this inspection. Many factors may influence this: old designs may be inappropriate, loading rates may increase with new family, weather and/or ground water conditions may cause seasonal problems which cannot be observed at the time of inspection, etc. We can only say that no obvious problems were observed on the day noted above.

___ 2. Dwelling is vacant and no accurate evaluation of the household sewage treatment system can be made.

___ 3. Problems observed, include: _____

*Home Sewage Treatment systems found to be failing following health department inspections involved in real estate transactions **MUST BE REPLACED.** Property owners will receive orders from the Ashtabula County Board of Health requiring replacement of failing home sewage treatment systems. Contact the Ashtabula County Health Department at 440-576-6010 Option 3 for guidance on this matter.

_____ (Sanitarian's Signature) _____ (Date of Inspection)

THIS IS A PHOTOCOPY OF THE ORIGINAL RECORD ON FILE IN OUR OFFICE.

Authorized Health Department Agent

Date results were mailed