



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

****Results**

To _____

Re Site Inspection # _____
Amt Received _____
Receipt # _____
Date Received _____

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 FEE. SEWAGE INSPECTIONS WILL NOT BE CONDUCTED WHEN GROUND IS COVERED WITH SNOW OR ICE, OR EXCESSIVE OVERGROWTH OF WEEDS AND OR GRASS.

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 a requirement by the Ashtabula County Health Department. This is a courtesy service offered by the Ashtabula County Health Department. (Fee must accompany request)

- _____ \$ 50.00 - Private Water Sample (Sale of House or re-sampling)
- _____ \$200.00 - Home Sewage Treatment Inspection Only
- _____ \$250.00 - 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 home sewage treatment system has not been pumped out 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. I also certify that the property owner's signature below is true and accurate.

_____ Date _____

Property Owners Original Signature Required For Sewage Treatment System Inspection

WATER SAMPLE RESULTS:

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

HOME SEWAGE TREATMENT SYSTEM INSPECTION RESULTS:

- _____ 1. No obvious problems 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. *This inspection does not verify that all plumbing within a dwelling is connected to the home sewage treatment system. All plumbing carrying waste water must be connected to the home sewage treatment system.*
- _____ 2. Dwelling is vacant and no accurate evaluation of the household sewage treatment system could 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. Contact the Ashtabula County Health Department at 440-576-6010 Option 3.

_____ (R.E.H.S. Signature)

_____ (Date of Inspection)

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

Authorized Health Department Agent

Date results mailed