



**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 \_\_\_\_\_ Date \_\_\_\_\_ Result Received \_\_\_\_\_ Date \_\_\_\_\_ Safe \_\_\_\_\_ \*Unsafe \_\_\_\_\_

**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**