



Ashtabula County Health Department
12 W. Jefferson St.
Jefferson, OH 44047
(440) 576-6010 Option 3

OEEF Water Sample Number _____

OEEF Sewage Evaluation Number _____

Request for Evaluation of Home Sewage Treatment System/Water Sample

Property Owner _____

Date _____

Location Address _____

Phone _____

Email _____

Location of Property _____

Distance and Direction from Nearest Road or Intersection _____

Township/Village/City _____

Side of the Road _____

NOTE: If this evaluation of your home sewage treatment system shows your system needs to be repaired or replaced, you will NOT be required to do so because of this evaluation.

_____ \$50.00 FREE Bacterial Water Sample
_____ \$150.00 FREE Home Sewage Treatment Evaluation

WATER SAMPLE RESULTS:

Water sample collected _____ Results received _____ Safe _____ Unsafe _____
Date/By whom _____ Date _____

Notes _____

HOME SEWAGE TREATMENT SYSTEM EVALUATION RESULTS:

- _____ 1. No obvious problems observed on _____. The Ashtabula County Health Department cannot guarantee that the system is working properly from this evaluation. Many factors 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 evaluation, etc. We can only say that no obvious problems were observed on the date noted above.
This evaluation 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: _____

This is a copy of the original record on file in our office. (REHS Signature) _____ (Date of Evaluation)

Authorized Health Department Agent

Date sent by email or postal delivery

