

**TRUMBULL COUNTY
GENERAL HEALTH
DISTRICT**

176 Chestnut Ave. NE,
Warren, OH 44483

Fact Sheet

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

All inspections conducted after January 1, 2007, shall comply with current Ohio Department of Health and Trumbull County General Health District regulations.

*If the household sewage treatment system has been inspected by the Board of Health 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 Health Department, located at 176 Chestnut Ave., NE, Warren, Ohio 44483 (second floor), or on our website www.tcbh.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	\$250.00
Water Well Inspections: Total Coliform Bacteria (optional)	92.00 (effective 11-7-11)
Lead (optional)	81.00 (effective 11-7-11)
Nitrates (optional)	77.00 (effective 11-7-11)

- If a sewage treatment system is determined to be malfunctioning at the time of the evaluation, repairs or replacement will be required.
- No evaluation will be conducted if ground cover excessively obscures the leach field (to include, but not limited to high grass, snow cover, leaves). Generally, on-lot sewage systems with snow cover more than 1 to 2 inches, and grass higher than 6 inches cannot be evaluated. Off-lot systems may be able to be evaluated under these conditions. The inspection will be scheduled when the ground cover is removed.
- Facts, diagrams, & records must be provided to expedite the real estate inspection. If none are available, homeowner must make arrangement to identify and sketch all components.
- Pumping immediately prior to or during the dye test will invalidate the sewage system test and a new test and fee will be required.
- All household plumbing must be tied into the sewage system and inspected.
- Chlorination of water well prior to the water sample will invalidate the water well bacteriological test and a new test and fee will be required.
- Tank(s) may have to be pumped and inspected by a sewage tank cleaner registered with the Board of Health **after completion of the dye test** and the pumper's report must include tank capacity, tank condition, baffle condition, type of tank construction (e.g., brick, concrete, metal, etc.)
- Upon evaluation, any sewage system which is not failing or creating a nuisance, but does not meet today's design requirements, will not require an upgrade.
- All questions and results must be directed through the designated contact person who is listed on the Real Estate Request Form.
- Under no circumstances will a Trumbull County Health Department sanitarian enter a residence unaccompanied.
- 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.
- If the house has not been occupied for the last 60 days, or there is no running water, the homeowner may be required to make arrangements to have a down-hole camera inspection conducted or a water truck present at the time of inspection.
- 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.

Trumbull County Health Department
 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"/>	\$250.00
	O&M Testing Levels 2, 3 or 4	<input type="checkbox"/>	
	Well: Bacteria	<input type="checkbox"/>	92.00 (effective 11-7-11)
	Lead	<input type="checkbox"/>	81.00 (effective 11-7-11)
	Nitrates	<input type="checkbox"/>	77.00 (effective 11-7-11)
	TOTAL		\$_____

Location to be evaluated:

Address: _____

Township: _____

Directions to site: _____

Results to be communicated & mailed to:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Homeowner Information (below)

Access to be provided by:

Name: _____

Phone: _____

Location of septic system: _____

Number of occupants in home: _____ Number of bedrooms _____ Date of last pumping _____

Age of home & septic system: _____ Size of lot: _____

Is the house occupied? Y or N

Has the house been occupied for the last 60 days? Y or N

Have there been any other evaluations of this sewage system? Y or N

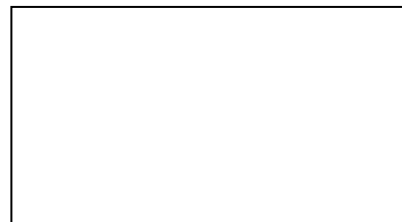
Have there been any repairs/maintenance done on this sewage system other than pumping? Y or N

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

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

If this system is a leaching trench system with two (2) fields, when was the system last switched to the field currently in use? _____

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 the system cannot and will not be evaluated by this department if any of the following conditions exist:**

1. Any snow cover pertaining to on-lot systems. Off-lot system will be determined on an individual basis.
2. The house is vacant and there is no running water.*
3. The sewage system has not been under normal load for at least 60 consecutive days. * All wastewater including laundry must flow into the septic tanks.
4. The septic tank(s) have been pumped within the last 60 days.
5. 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.
6. No one is present to provide access to the property and house.
7. Excessive brush, grass, or ground cover exceeds 6 inches in height.
8. In the case of off-lot discharge, a sample well is not present or has not been installed or a discharge is not present and a **flowing** sample cannot be obtained.
9. For water tests, DO NOT CHLORINATE the well two (2) weeks prior to water sample.

** The homeowner may be required to make arrangements to have a down-hole camera inspection conducted or a water truck present at the time of inspection.*

I acknowledge that if any of these conditions exist, a re-evaluation fee will be required for a second visit to the property. 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.

THE CURRENT PROPERTY OWNER MUST SIGN THIS FORM. BOTH LINES MUST BE SIGNED.

Property location _____ Twp. _____

Signature of Property Owner Date Witness

Signature of Requestor Date Witness