

CUYAHOGA COUNTY
BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

5550 Venture Drive Parma, Ohio 44130
216-201-2000 www.ccbh.net

SEWAGE TREATMENT SYSTEM POINT OF SALE EVALUATION APPLICATION

ADDRESS OF HOME _____ CITY _____ ZIP _____

SELLER'S NAME _____ PRIMARY PHONE NO. _____

EMAIL _____ CELL / OTHER PHONE NO. _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF PERSON TO PROVIDE ACCESS _____ PHONE NO. _____

NUMBER OF BEDROOMS _____ WATER SOURCE _____ EMAIL _____

REASON FOR REQUEST: SALE OF PROPERTY ___ REFINANCING ___ ADDITION TO HOUSE ___ OTHER ___

HAS THE PROPERTY BEEN OCCUPIED CONTINUOUSLY FOR LAST 60 DAYS? YES NO

IF THE RESIDENCE HAS NOT BEEN CONTINUALLY OCCUPIED FOR THE LAST 60 DAYS AN EVALUATION OF THE SEWAGE TREATMENT SYSTEM CANNOT BE CONDUCTED UNTIL IT HAS BEEN RE-OCCUPIED FOR AT LEAST 60 DAYS.

1. The fee is **\$350.00** and includes sampling costs for discharging systems. **The fee is not refundable.** This fee may be paid in the form of cash or check payable to the *Cuyahoga County Board of Health*. This fee must be received and processed prior to the evaluation. Payment will **NOT** be accepted in the field. If there are multiple sewage treatment systems (STS) servicing multiple buildings on the property additional applications must be submitted for each STS.

NOTE: THE ANNUAL SEWAGE SYSTEM OPERATION PERMIT FEE MUST BE PAID IN FULL BEFORE THE EVALUATION WILL BE CONDUCTED. THE APPLICANT IS RESPONSIBLE FOR PREPARING THE SYSTEM PRIOR TO THE EVALUATION BY EXPOSING THE ACCESS COVERS TO ALL SEPTIC TANK(S), COMPARTMENTS OF THE AERATION SYSTEM, DOSING - PUMP TANK, FLOW DIVERSION DEVICE (SPLITTER BOX) AND SAMPLING WELL.

2. Adverse weather conditions may unavoidably delay the completion of the evaluation.

A sewage system evaluation may not be feasible at this time if any of the following conditions exist but may be rescheduled once conditions change provided the evaluation is scheduled within one year of payment:

- a) Snow depth exceeds two (2) inches.
- b) Excessive rainfall amounts.
- c) Brush or grass over the system is excessive.
- d) Septic tank(s) or aeration system has been pumped/serviced within 60 days of the evaluation.
- e) House has not been **continuously occupied for the last 60 days**. If the home is currently vacant, an evaluation can proceed after the home has once again been **occupied for a minimum of 60 days**. A residence is considered occupied when someone is living in the residence and introducing sewage into the sewage treatment system through normal use of the internal plumbing fixtures.

3. The sanitarian will arrange and conduct the evaluation during normal business hours, unless special arrangements have been made. The person providing access to the home must be available during the evaluation. Two separate effluent samples may be collected from discharging systems a minimum of twenty four hours apart. If the average of these two samples is above the nuisance limit of 1,030 cfu/100ml for E. coli bacteria repair or replacement options will be provided. **If the owner chooses to make repairs to a discharging system, a sanitarian will collect one additional set of two effluent samples at least twenty four hours apart in order to determine if the repairs have eliminated the public health nuisance. A re-sampling fee of \$150.00 must be submitted to this office prior to the collection of these additional samples.** Depending on the nature of repairs, additional time may be required prior to re-sampling the STS effluent.

4. It is very important that all of the parties involved plan ahead and schedule the evaluation at least **FOUR WEEKS** prior to closing. The evaluation should be conducted, if at all possible, prior to the listing of the home instead of during or even after its sale. **The homeowner will be provided a copy of the evaluation and any other correspondence from the Board of Health. It will be that person's responsibility to distribute copies as required by their purchase agreement, bank, realtor, title company, etc.** Only one copy of the evaluation report and sample results will be provided.
5. The evaluation form will include repair or replacement guidelines specific to that area. Replacement of the system may be required in areas where sanitary sewers have already been determined not to be feasible or cost-effective. Older systems utilizing antiquated design standards typically are not capable of meeting current effluent quality standards and are often in need of replacement. Newer systems may require repair, routine maintenance, or the installation of an additional sewage treatment device to improve the quality of the effluent and thus minimize the impact to the environment.
6. In many cases, the seller and buyer can agree to put sufficient monies in an escrow account to permit closing when weather or other factors have caused unavoidable delays. Contact your real estate agent or lending institution for more information on establishing an escrow account. Several registered sewage system installers should be contacted to provide estimates on current sewage system repair or replacement cost.
7. The opinion rendered by the Board of Health regarding the sewage system applies only to the date and time that the evaluation was conducted. This opinion does not guarantee the future performance of the sewage system and is rendered with the expectation that the system will not be loaded beyond its original design capacity and that routine maintenance will be performed as required.

I have read, understand, and agree to the conditions stated on this form. **NO EVALUATION WILL BE CONDUCTED WITHOUT THE SIGNATURE OF THE CURRENT PROPERTY OWNER. I acknowledge, under penalty of falsification (ORC 2921.13), that no modifications have been made or substances added to the HSTS to temporarily alter the laboratory analysis of effluent generated by the HSTS. Such actions are a direct violation of Ohio disclosure laws. I also acknowledge that the residence has been continuously occupied and the tanks have not been pumped for at least the last sixty (60) days.**

Name of Current Property Owner

Signature

Date

----- FOR OFFICE USE ONLY -----

Date Received:	Fee Paid:	Log-in #:
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