



APPLICATION FOR HOME REMODEL EVALUATION

INSTRUCTIONS AND APPLICATION FORM

2016 EVALUATION FEES (ALL FEES ARE NON-REFUNDABLE)

Household Sewage Treatment System Evaluation	\$125.00
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- Incomplete applications cannot be accepted. ORIGINAL HOMEOWNER'S SIGNATURES ARE REQUIRED. Faxed or Emailed copies cannot be accepted.
- Unfortunately, a routine operation and maintenance (O&M) inspection of the sewage treatment system does not satisfy the requirement for a home sale/refinance inspection.
- Upon receipt of the completed application and fees, the Health Department will schedule an appointment for the inspection.
- Appointments are scheduled on a first-come, first-served basis.
- If for any reason you must cancel or reschedule the appointment, you must call in at least 24 hours prior to the originally scheduled appointment.
- A scavenger registered with the Darke County Health Department must pump the septic tank while the inspector is present. (See attached list) DO NOT HAVE THE SEWAGE SYSTEM PUMPED PRIOR TO INSPECTION.
- The lids of the septic tank and splitter and/or distribution boxes must be uncovered *prior* to the time of inspection. Most lids are within 2-3 feet from the surface; you may uncover this yourself or hire a contractor/scavenger to uncover them for you.
- If there are no risers on the inlet and outlet lids of the septic tank they will be required.
- If the system has a dry well, uncover the lid to the dry well. If there is no riser, one will be required.
- If the system has a subsurface sand filter, the outlet tile must be uncovered in order to sample the quality of the effluent. A backhoe is typically required needed to uncover this component. If there is no inspection port on the outlet tile of the sand filter, one will be required.
- System upgrades may be required dependent upon condition of existing system and type of addition/remodel.



- All plumbing must drain into the sewage treatment system. Down spouts and sump pump drains should not drain into the sewage treatment system.
- No evaluation will be conducted if ground cover excessively obscures any components of the sewage treatment system (including high grass, snow cover & leaves). The inspection will be rescheduled when the ground cover is removed.
- 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 the system operation.
- The sanitarian's opinion of the system may be rendered without knowledge of some of the individual parts of the home sewage treatment system and applies only to the date and time the opinion is made. Therefore, the opinion does not guarantee the future performance of the home sewage treatment system.
- The sanitarian's evaluation does not determine 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.
- This application *cannot* be used to apply for a land split or subdivision, sale or refinance of a property.
- If the addition includes the addition of plumbing, the water system may not be from a dug well or a cistern that is not in compliance with the private water system rules. It is recommended that the water system is chlorinated and tested for bacteria after the work is complete. See the application for private water testing for more information.

List of Septic Pumpers

Barnes Sewer & Septic	Winchester, IN	765-584-7295
Booso's Septic Cleaning	Lewisburg, OH	937-962-4435
Cooper's Sanitary Service	West Milton, OH	937-698-6200
Flatter's Septic Tanks	Greenville, OH	937-548-7667
Frantz Septic Cleaning	Bradford, OH	937-448-2138
Frech's Cleaning Service	New Madison, OH	937-996-1615
Mike's Sanitation	New Bremen, OH	419-629-3695
Porta Kleen Industrial Services	Lancaster, OH	740-689-1886
Roto Rooter	Dayton, OH	937-496-3975
Rumpke Transport. Co. LLC	Richmond, IN	765-966-5030



Darke County General Health District
300 Garst Avenue
Greenville, Ohio 45331
937-548-4196
www.darkecountyhealth.org

APPLICATION FOR HOME REMODEL EVALUATION

Applicant Name _____
Mailing Address _____
City _____ State: _____ Zip: _____
Phone #: _____ Fax #: _____
Email Address: _____
How would you like to receive your evaluation report? Mail Fax Email

LOCATION OF REQUESTED EVALUATION

Current Owner’s Name _____
Property Address _____
City _____ Township _____
Phone #: _____ Fax #: _____
Email Address: _____
Directions to property : _____
Is the home occupied or vacant? _____ If vacant, how long? _____
When was the home built? _____ Number of bedrooms: _____
What does the room addition consist of*? _____

*** Please provide an 8 ½ x 11” copy of plans of the proposed remodel.**

Is this a room addition involving bedrooms?	Yes	No
Is this a room addition involving plumbing (i.e. new/moving)?	Yes	No
Will the room addition maintain a distance of 10ft from the existing septic system?	Yes	No
Will the room addition maintain a distance of 10ft from the well?	Yes	No



The sanitarian's opinion of the system may be rendered without knowledge of some of the individual parts of the home sewage treatment and water systems and applies only to the date and time the opinion is made. Therefore, the opinion does not guarantee the future performance of these systems.

The owner/applicant agrees to the requirements of the special service inspection and understands that upgrades may be required if deemed appropriate by the Health Department. The applicant also understands that the system will be placed under the Operational Permitting Program of the Darke County Health Department. Please see Operational Permit Pamphlet for additional information regarding this program.

Applicant _____ **Date** _____

Homeowner or legal representative _____ **Date** _____

FOR OFFICE USE ONLY

Driver's License #: _____

HSTS Receipt #: _____ **Date Paid:** _____

Appointment Date & Time: _____

HSTS EVALUATION

Approved ___ Disapproved ___ Inspector: _____ Date: _____

Date Pumped _____ Pumper: _____ # Gallons: _____

Corrections Needed: _____

Date Re-Inspected: _____ Inspector: _____

Under O & M? Yes No O & M Permit # _____ Month: _____

Easement required? Yes No Affidavit required? Yes No

Replacement area ok? Yes No Soil Testing Required? Yes No

Alteration required? Yes No Installer: _____ Est. Cost: _____

Permit requirements (sizing, etc.): _____