



## APPLICATION FOR HOME SALE/REFINANCE EVALUATION

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### INSTRUCTIONS AND APPLICATION FORM

#### 2016 EVALUATION FEES (ALL FEES ARE NON-REFUNDABLE)

Household Sewage Treatment System Evaluation	\$125.00
Water Sample (Bacteria)	\$100.00
<b>Total Evaluation Fee</b>	<b>\$225.00</b>

- Additional water sampling may be requested, please see fee schedule for additional information.
- The home sale/refinance inspection consists of inspections by a Registered Sanitarian of the household sewage treatment system and the private water system. One will not be done without the other.
- 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. Home sale/Refinance inspections are performed on Tuesday afternoons ONLY, due to laboratory restrictions on water sample hold times.
- 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.
- If you would like to call in for water sample results, they are usually available the following Monday morning after the inspection. *Please note:* approval letters are normally processed and mailed within 7 days of received results.
- 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.
- 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.
- The Health Department requires the private water system to be tested for total coliform bacteria and pre-screened for nitrate. Other parameters can be tested for an additional fee, those parameters and fees are available at the Health Department.
- Because dug wells and cisterns may pose a safety hazard, they must be properly abandoned prior to final approval.
- This application *cannot* be used to apply for a land split or subdivision of property.



### 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



**APPLICATION FOR HOME SALE/REFINANCE EVALUATION**

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Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

How would you like to receive your evaluation report?      Mail                  Fax                  Email

If you would like additional copies of the evaluation report sent to another party, please provide contact information on a separate sheet.

**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: \_\_\_\_\_

Type(s) and Number of water systems on property: (i.e. drilled well, dug well, cisterns, etc.)

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I would like the following additional parameters tested:

OTHER: \_\_\_\_\_ LABORATORY FEE: \_\_\_\_\_

OTHER: \_\_\_\_\_ LABORATORY FEE: \_\_\_\_\_

OTHER: \_\_\_\_\_ LABORATORY FEE: \_\_\_\_\_

OTHER: \_\_\_\_\_ LABORATORY FEE: \_\_\_\_\_

**ADDITIONAL WATER TESTING TOTAL:** \_\_\_\_\_



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.

The applicant understands the water system rules require the water system to be flushed for a minimum of 10 minutes prior to taking the water sample. A faucet or spigot must be turned on to take the sample. The applicant is responsible for ensuring that the water faucet/ spigot are in good condition and turned off to their satisfaction upon leaving. The Health Department is not responsible for faulty faucets or drains.

If the pre-screen is positive, a laboratory sample for nitrates will be collected and you will be subsequently billed the collection fee for nitrates: \$12.00. If for any reason the appointment needs to be cancelled or rescheduled, you must call at least 24 hours prior to the originally scheduled appointment.

**Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Homeowner or legal representative** \_\_\_\_\_ **Date** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

**2016 Fee: \$225.00 (\$125.00 sewage + \$100.00 water)**

**Driver’s License #:** \_\_\_\_\_

**HSTS Receipt #:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**1<sup>st</sup> WS Receipt #:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**Additional WS Receipt #:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**Additional WS Receipt #:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**Additional WS Receipt #:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**Appointment Date & Time:** \_\_\_\_\_



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### 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.): \_\_\_\_\_

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### WATER SYSTEM EVALUATION

	Location	Inspector	Date	AR#	Results
1 <sup>st</sup> Sample:	_____	_____	_____	_____	_____
2 <sup>nd</sup> Sample:	_____	_____	_____	_____	_____
3 <sup>rd</sup> Sample:	_____	_____	_____	_____	_____

Type of well: Above grade Pit Buried Seal Dug Other: \_\_\_\_\_

Additional Results/Comments: \_\_\_\_\_