



APPLICATION FOR HOME SALE/REFINANCE EVALUATION

INSTRUCTIONS AND APPLICATION FORM

2020 EVALUATION FEES (ALL FEES ARE NON-REFUNDABLE)

Household Sewage Treatment System Evaluation	\$310.00
Water Sample (Bacteria)	\$150.00
Total Evaluation Fee	\$460.00

Read All Before Submitting

- 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.
- 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.
- 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 Wednesday 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 all septic tanks while the inspector is present. (See attached list) DO NOT HAVE THE SEWAGE SYSTEM PUMPED PRIOR TO INSPECTION. If the tank has been pumped within one year, it may not be required again.



- 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 there is no riser, or if it is deteriorated, on the splitter box or distribution box, they will be required.
- If the system has a dry well, see the Health Department.
- If the system has a subsurface sand filter, the outlet tile must be uncovered in order to sample the quality of the effluent. 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 includes heavy amounts of rain where the conditions of the field cannot be evaluated.
- 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.
- Because dug wells and cisterns may pose a safety hazard, they must be properly abandoned prior to final approval.
- We recommend chlorinating the well before we take the water sample. Instructions for chlorination are available at the health department or on the website www.darkecountyhealth.org. However, all of the chlorine must be flushed from the system before we take a sample.
- The Health Department requires private water systems 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. No lead testing will be completed by the Health Department. A satisfactory result will be required.



- If the well is below-grade in a concrete pit, it must be properly brought above-grade and the pit abandoned. A well alteration permit is required for this work. The 2020 well alteration permit fee is \$210.00.
- This application *cannot* be used to apply for a land split or subdivision of property. Contact the Health Department.

List of Septic Pumpers

Barnes Sewer & Septic	Winchester, IN	765-584-7295	1250 gallon
Bob's Excavating	Ludlow Falls, OH	937-698-4694	2300 gallon
Booso's Septic Cleaning	Lewisburg, OH	937-962-4435	1500 gallon
Cooper's Sanitary Service	West Milton, OH	937-698-6200	2000 gallon
D & H Construction	Bradford, OH	937-448-8071	1500 gallon
Flatter's Septic Tanks	Greenville, OH	937-548-7667	2150 gallon
Frantz Septic Cleaning	Bradford, OH	937-448-2138	2000 gallon
Frech's Cleaning Service	New Madison, OH	937-996-1615	2500 gallon
Mike's Sanitation	New Bremen, OH	419-629-3695	5000 gallon
Porta Kleen Industrial Services	Lancaster, OH	740-689-1886	1500 gallon
Roto Rooter	Dayton, OH	937-496-3975	3150 gallon



APPLICATION FOR HOME SALE/REFINANCE EVALUATION

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.)

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** _____

FOR OFFICE USE ONLY

2020 Fee: \$460.00 (\$310.00 sewage + \$150.00 water)

Driver’s License #: _____

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

1st WS Receipt #: _____ **Date Paid:** _____

Additional WS Receipt #: _____ **Date Paid:** _____

Additional WS Receipt #: _____ **Date Paid:** _____

Additional WS Receipt #: _____ **Date Paid:** _____

Appointment Date & Time: _____



HSTS EVALUATION

Date: _____ Inspector: _____

Date Pumped _____ Pumper: _____ # Gallons: _____

Corrections Needed? NONE YES: _____

Date Re-Inspected: _____ Inspector: _____

Comments: _____

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

Easement required? Yes No Replacement area ok? Yes No

Soil Testing Required? Yes No Alteration required? Yes No

Installer: _____ Est. Cost: _____

Permit requirements (sizing, etc.): _____

WATER SYSTEM EVALUATION

	Location	Inspector	Date	AR#	Results
1 st Sample:	_____	_____	_____	_____	_____
2 nd Sample:	_____	_____	_____	_____	_____
3 rd Sample:	_____	_____	_____	_____	_____

Type of well: Above grade Pit Buried Seal Dug Other: _____

Condition of well: _____

All additional wells/cisterns checked: _____

Additional Results/Comments: _____
