APPLICATION FOR HOME SALE/REFINANCE EVALUATION

INSTRUCTIONS AND APPLICATION FORM

2020 EVALUATION FEES (ALL FEES ARE NON-REFUNDABLE)

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Sewage Treatment System Evaluation</td>
<td>$310.00</td>
</tr>
<tr>
<td>Water Sample (Bacteria)</td>
<td>$150.00</td>
</tr>
<tr>
<td><strong>Total Evaluation Fee</strong></td>
<td>$460.00</td>
</tr>
</tbody>
</table>

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

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

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: _______________________________________________________

5 | P a g e

R e v i s e d : 1/6/2020
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

1st Sample: ____________  Inspector: ____________  Date: ____________  AR#: ____________  Results: ____________

2nd Sample: ____________  Inspector: ____________  Date: ____________  AR#: ____________  Results: ____________

3rd Sample: ____________  Inspector: ____________  Date: ____________  AR#: ____________  Results: ____________

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

Condition of well:________________________________________________________

All additional wells/cisterns checked: _______________________________________ Additional Results/Comments: ____________________________

______________________________________________________________________________