

RE Site Insp # _____
Amt. Received _____
Receipt # _____
Date Received _____

ASHTABULA COUNTY HEALTH DEPARTMENT
12 West Jefferson Street
Jefferson, Ohio 44047
(440) 576-6010

Results to: _____

REQUEST FOR INSPECTION OF HOME SEWAGE DISPOSAL/WATER SUPPLY FOR REAL ESTATE

***ALL SEWAGE HOME REAL ESTATE INSPECTION REQUESTS INCLUDE A NON-REFUNDABLE \$50.00 HANDLING AND PROCESSING CHARGE.**

Property Owner: _____ Date: _____

Mailing Address: _____ Phone: _____

City State Zip Vacant: _____

Contact Person's Name & Phone Number (to gain access) _____

Location of Property: _____
Township/Village/City Street Address

Side of the Road Distance and direction from nearest road or intersection

TYPE OF INSPECTION REQUESTED (Fee must accompany request)

NOTE: This type of inspection of your home sewage disposal system is not required by the Ashtabula County Health Department. This is a courtesy service offered by the Ashtabula County Health Department.

- _____ \$ 25.00 - Private Water Sample (Sale of House or re-sampling)
- _____ \$125.00 - Home Sewage Disposal Inspection Only
- _____ \$150.00 - Home Sewage Disposal Inspection and Private Water Sample

TO BE COMPLETED: I _____ am the owner of the above residence and this dwelling is occupied on a full-time basis, and I confirm that my sewage disposal system has not been pumped in the last 60 days. I also understand that the Ashtabula County Health Department is unable to inspect residential dwellings that are vacant prior to and during the health department's evaluation of a home sewage disposal system.

Owners Signature Date: _____

RESULTS:

Water Sample: Date: _____ Safe: _____ Unsafe: * _____

* Contact the Ashtabula County Health Department at 576-6010 between 8 & 10 A.M. for recommendations.

HOME SEWAGE DISPOSAL SYSTEM:

1. No obvious problems were observed on _____. The Ashtabula County Health Department cannot guarantee that the system is working properly from this inspection. Many factors may influence this: old designs may be inappropriate, loading rates may increase with new family, weather and/or ground water conditions may cause seasonal problems which cannot be observed at the time of inspection, etc. We can only say that no obvious problems were observed on the day noted above.
2. Dwelling is vacant and no accurate evaluation of the household sewage disposal system can be made.
3. Problems observed, include: _____

* Ashtabula County Health Department Regulations require that failing sewage disposal systems must be replaced prior to the sale and occupancy of dwelling.

(Sanitarian's Signature) _____ (Date of Inspection)

THIS IS A PHOTOCOPY OF THE ORIGINAL RECORD ON FILE IN OUR OFFICE.

Authorized Health Department Agent
1/1/07

Date results were mailed