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REQUEST TO EVALUATE HOUSEHOLD WATER & SEWAGE SYSTEMS

INSTRUCTIONS:

- Read the information below
- Fill out information on the reverse and include your signature & date.
- Submit completed form with the applicable fee.

LIMITATIONS AND CONDITIONS OF SERVICE

1. The Applicant is responsible for contacting the Henry County Health Department (HCHD) during normal business hours (8:30am to 4:30pm M-F) to arrange a time with inspectors to conduct the evaluation. In most cases we will need to gain access inside the house in order to complete the evaluation.
2. Evaluation will not require the unearthing of any component or system. Report findings may recommend contacting an appropriately qualified service company to locate and/or provide more detailed information about the sewage or water system
3. Evaluation reports from the HCHD will be based upon information compiled from the application, field observation by the HCHD of visible or easily accessible system components, and any existing records of those systems on file in our office. These evaluation results apply only to the date(s) and time(s) that the field observations are made.
4. Evaluation reports may give opinions or recommendations without complete knowledge or observation of some of the individual system components. Reported findings in no way grant or imply any guarantee or warranty of the future performance of any portion of a home sewage system and/or private water system. Evaluation reports by the HCHD do not grant approval or disapproval to any portion of a home sewage system and/or private water system.
5. If requested, additional fees will apply to repeat water samples (\$53 for bacteria test). Fees for resamples must be paid before the sample will be collected.
6. Fees paid for services where a site visit has commenced are non-refundable. If no site visit has been conducted, a refund may be requested.

The evaluation of the Private Sewage System by the HCHD will attempt to:

1. Observe and comment on the location and type of components of the sewage system that are visible or easily accessible. A search for existing records on file at the HCHD will be made to support any findings.
2. Check for possible failure of the sewage system by means of a dye test. Snow cover, heavy rains, leaf cover, and other dense vegetation may prevent this test from being performed. Dye testing also requires that possible points of discharge of the sewage system on or within a reasonable distance of the property can be located. Without a dye test, the report will not include an opinion of the current working condition of the system. Vacant homes will not be dye tested.

The evaluation of the Private Water System by the HCHD will attempt to:

1. Take a sample from the water supply and provide testing for the presence or absence of coliform and E-coli bacteria. Other types of water testing are available and must be specifically requested on the application. Additional charges will be incurred for any of these additional water tests and results may take up to 3 weeks.
2. Observe and comment on the type and condition of visible or easily accessible components. A search for existing records on file at the HCHD will be made to support any findings

PLEASE COMPLETE THE FORM ON THE REVERSE SIDE →

Location where the evaluation is requested:

Current owner:		Phone:
Address:		Township:
City	State	ZIP

Check which services you are requesting:		Fee:
<input type="checkbox"/> Water System evaluation only (includes bacteria test)		\$75
<input type="checkbox"/> Water Bacteria test only		\$53
<input type="checkbox"/> Sewage System evaluation only		\$150
<input type="checkbox"/> Sewage System and Water System Evaluation		\$220
Additional water tests		
<input type="checkbox"/> Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> Lead <input type="checkbox"/> Other (describe) _____		☎ Call for current pricing
TOTAL FEE (Make checks payable to: HENRY COUNTY HEALTH DEPARTMENT)		\$

Person to receive evaluation report / results:

Name:	Email Address:	Phone:
Address:		Fax:
City	State	ZIP
How would you prefer to receive the report / results? <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail		

What is the purpose of this request? FHA loan VA loan Other loan Buyer request

Approximate year the home was built: _____ Number of bedrooms in the home: _____

Name of the home's original owner (if known) _____

Is the home currently vacant? Yes No Is the electricity turned on? Yes No

Is the home/plumbing currently winterized? Yes No

Do you know the location of the sewage system? Yes (If so, describe below) No

Has the septic tank been pumped out within the last 30 days? Yes No

Do you know the location / source of the water system? Yes No If so, describe below.

<p>I have read and understand the conditions of service and certify to the best of my knowledge that the information I have provided herein is accurate.</p>	<p>Print Name: _____</p> <p>Sign here: _____</p> <p>Today's Date: _____</p>
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