



**APPLICATION AND WAIVER  
FOR EVALUATION OF EXISTING HOME SEWAGE SYSTEM**

Receipt # \_\_\_\_\_

**Evaluation Fee \$480.00 \*\*\* Re-Evaluation Fee \$75.00**

**Make Checks Payable to GEAUGA PUBLIC HEALTH**

**Homeowner must call office to schedule the evaluation**

**ALL FIELDS MUST BE COMPLETE  
PLEASE PRINT!**

**Location to be evaluated:**

Address: \_\_\_\_\_ Twp: \_\_\_\_\_ Current Owner's name: \_\_\_\_\_

**Requestor:**

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of Occupants \_\_\_\_\_ Number of bedrooms \_\_\_\_\_ Date of last pumping \_\_\_\_\_

Is the house currently occupied? **Y or N** Has the house been occupied for the last 30 days? **Y or N**

Have there been any repairs/maintenance done on this sewage disposal system (including switching fields) other than pumping **Y or N**  
If **yes**, provide information as to what was done and when \_\_\_\_\_

**\*\*\*\*\*PLEASE READ AND INITIAL EACH SECTION BELOW AFFIRMING YOU UNDERSTAND\*\*\*\*\***

\_\_\_\_\_ I, the undersigned, acknowledge that the conclusions in this evaluation are opinions based on written documentation available in Geauga Public Health files, a visual inspection of accessible components of the sewage system, and/or in the case of off-lot systems: sample test results utilizing standard methods of wastewater analysis.

\_\_\_\_\_ I understand that the conclusions and/or results of this evaluation are with respect to the effectiveness of the system at the time of the inspection and in no way guarantees the future performance of the system.

**I understand the system cannot and will not be evaluated by this department if any of the following conditions exist:**

\_\_\_\_\_ Snow cover (more than 2 inches) over on-lot systems. Discharging systems will be determined on an individual basis.

\_\_\_\_\_ The house is vacant.

\_\_\_\_\_ The sewage system has not been under normal load for at least **30** consecutive days. **All wastewater, including laundry, must flow into the septic tanks.**

\_\_\_\_\_ The septic tank(s) have been pumped within the last **60** days.

\_\_\_\_\_ All components (septic/aeration tanks, lift station, distribution boxes) of the system are not uncovered and clearly visible to the inspector. **This is the responsibility of the homeowner or person requesting the evaluation.**

\_\_\_\_\_ I understand that there must be someone 18 years of age or older present to provide access to the property.

\_\_\_\_\_ Excessive brush, grass, or ground cover exceeding 6" in height.

\_\_\_\_\_ In the case of a discharging system, a sample well is not present or has not been installed or a discharge is not present and a **flowing** sample cannot be obtained.

\_\_\_\_\_ I acknowledge that if any of these conditions exist, a \$75.00 re-evaluation fee will be required for a second visit to the property.

\_\_\_\_\_ I understand that if the system is determined to be failing and ineffectively treating the sewage effluent, the owner will be **REQUIRED** to make necessary repairs to the sewage system.

**THE CURRENT PROPERTY OWNER MUST SIGN WAIVER FORM. BOTH LINES MUST BE SIGNED.**

\_\_\_\_\_  
*Signature of Property Owner*

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

\_\_\_\_\_  
*Signature of Requestor*

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

470 Center Street, Bldg. 8 □ Chardon, Ohio 44024 □ 440-279-1914