



**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**

(Refunds will incur a \$30.00 processing fee)

**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 60 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.**

_____ No one over the age of 18 years is 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