



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

Receipt # _____

Evaluation Fee \$350.00 * Re-Evaluation Fee \$75.00**
Make Checks Payable to **GEAUGA PUBLIC HEALTH**

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