Application for a point of sale evaluation of an existing Household Sewage Treatment (HSTS), HSTS Site Review &/ or Private Water System (PWS)

Property Address: ______________________________________ City: __________________________
Zip: ______________ Homeowner Signature: __________________________
Number of bedrooms: _____ (property owner or legal agent required to sign this form)
The Property has: (mark one of each) □ HSTS □ Sanitary sewer □ Public water □ PWS

Applicant's Information:
Name: ___________________________________________ Phone#: __________________________
Address (if different): ______________________________________________________________________ City State Zip

Person responsible for providing access to the property:
Name: ___________________________________________ Phone #: __________________________

Person to receive report: Person to receive report: Person to receive report:
Name: ___________________________________________ Name: ___________________________________________ Name: ___________________________________________
Address: ______________________________________ Address: ______________________________________ Address: ______________________________________
City: ______________ State: ______________ Zip: ______________ State: ______________ Zip: ______________
State/Zip: __________________________ State/Zip: __________________________ State/Zip: __________________________
Email: ______________________________________ Email: ______________________________________ Email: ______________________________________
Fax: ______________________________________ Fax: ______________________________________ Fax: ______________________________________

Services Requested:

Evaluations:
□ HSTS Evaluation $245 □ PWS* $70.00 WEDNESDAY ONLY □ HSTS with PWS $227
□ HSTS Site Review $380 □ PWS* re-sample $60 □ PWS Foster Homes $25

*Private Water System (PWS) only includes the sampling and analysis for bacteria in the drinking water.

Drinking water analyses: (Optional)
□ Lead □ Chemical (Oil & Gas Parameters) □ Nitrate □ Nitrites

*Call for prices and availability.

Total Fee Due: $___________

Office use only

Received by: __________________________ Date: __________________________
□ Cash □ Check # __________________________ □ Receipt # __________________________
General Information for existing Household Sewage Treatment (HSTS) Review

A) The evaluation of a home sewage disposal system is not required by law in Lake County when a home is sold, but is performed on a request basis. The requestor can hire a private registered Lake County Service Provider to conduct the evaluation. List of providers is available upon request.

B) Fees (less a handling charge) may be reimbursed prior to inspection. Once the initial trip is made (regardless of results) the fee will not be returned. Refunds will take at least 30 days due to auditing requirements.

C) If sewage system malfunctions are found during an evaluation (surfacing, or discharge of improperly treated sewage effluent) which indicate a possible public health hazard or nuisance, **LEGAL ORDERS will be issued for correction.** If sanitary sewers are accessible to this property, **ORDERS will be issued for connection.**

D) Home sewage system evaluations are normally performed on Monday, Tuesday, and Wednesday only. The specific test date is at the discretion of the field sanitarian, dependent upon conditions found at the site. It is necessary that someone be present at the time of evaluation. A dye test will be performed that necessitates entry to the home. After this form has been submitted, arrange for an appointment with the sanitarian who will be conducting the evaluation.

E) Sewage evaluation results will not be available for at least eight days following the service due to dye testing. Please schedule your requests accordingly. In some cases when a home sale is involved, buyers and sellers can agree to put sufficient funds for system repairs in escrow to permit loan closing when weather or other factors have caused delays in evaluations.

F) Evaluation results will only be reported on Health District provided forms and will be mailed to the requestor and/or desired individuals. Evaluation requests and results are public record of the Health District.

G) The evaluation, where a home is involved, will not necessarily determine if the applicable systems are installed within the legal boundaries of the subject property.

H) No sewage system evaluation will be conducted when snow depth exceeds two inches, if grass and brush exceeds 12 inches or if the home has not been continually occupied for the last 90 days. If the home is vacant, evaluation can proceed after the home has been re-occupied for 90 days. No sewage evaluations should be requested where any septic or aerobic treatment tank(s) will be pumped one month preceding or one week after the dye test.

I) The opinions that are given as a result of this application are rendered without complete knowledge or observation of some of the individual components of the home sewage disposal system and applies only to the date and time the evaluation is conducted. This opinion does not grant or imply any guarantee or warranty of the future performance of the home sewage disposal system.

Information and Requirement for HSTS Site Review

1. Please provide the following complete information with your site review application:
   - A **soil evaluation** and **site design** that has been performed in accordance with OAC3701-29. A list of designers and soil evaluators is available upon request.
   - Submit to the Health District **9 copies of the site plan** with this application. The Health District retains 3 copies of approved plans for our records.
   - Design plans must include the following information:
     a) Topographic site plan, number of bedrooms, lot dimensions, proposed and existing water supplies, existing adjacent houses or sewage systems.
     b) Primary and replacement system areas as designated by soil scientist and designer.
     c) System schematics of distributions, justification of selection of loading rates, soil depth credits and variances where applicable.

2. Property lines must be staked and the lot clearly identified prior to requesting an evaluation. Incomplete applications or unidentified lots will cause delays.

3. Site reviews are conducted in the order in which they are received. Please allow at least two weeks for the completion of the review. A $55.00 plan resubmittal fee is charged after the second plan submission.

4. Please be advised that an approved site review is valid for **5 years** from the date of the approval or disapproval.

5. **By signing the application, I authorize representatives of Lake County General Health District to enter the property indicated for site review within the application.**