

Sidney-Shelby County Health Department
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Website: www.shelbycountyhealthdept.org E-Mail: sschd@odh.ohio.gov

HOME SYSTEMS EVALUATION – REQUEST FORM
For private water and/or sewage systems

Name: _____ Date: _____

Affiliation to current owner (owner, contractor, buyer, selling realtor, etc.): _____

Mailing Address to send the results: _____

Phone Number: _____ Fax Number: _____

Optional Contact Info (e-mail/cell-phone): _____

SITE ADDRESS: _____ Township: _____

Current Occupant: _____ Phone Number: _____

Exact Location of Water System: _____

Exact Location of Sewage System: _____

Any Other Info Provided: _____

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_____ **WATER SAMPLE** (Fee \$60.00) This is for the Total coliform enumeration/quantitative bacteria test. (Sampled on Tuesdays)

Other water test(s) requested, if applicable: _____ Fee: _____

Type of Development: Well _____ Spring _____ Cistern _____

Development Status: New _____ *Existing _____ Year Installed: _____

Most Recent Date And Time System Disinfected: _____

A sample cannot be taken until a minimum of 48 hrs. has passed since the system was chlorinated and flushed out.

Location of spigot closest to the point of human consumption (such as the kitchen sink) and arrangements for sampling:
(All rechecks must be taken at the pressure tank) _____

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_____ **SEWAGE SYSTEM EVALUATION *** (Fee: \$200.00) A minimum of 2 risers are required on septic tanks, 1 over the first compartment inlet and 1 over the second compartment outlet (unless it's a slab lid with no portholes). A riser to grade is required over leach field and sand filter distribution boxes. An inspection port to grade is required on the outlet of sand filters and curtain drains. Aerators shall have 4 risers to grade. Risers and/or inspection ports must be installed prior to evaluation.

Year System Installed: _____ Original Owner: _____

Type of System: Septic Tank Only, S.T. & Leaching, S.T. & Sand Filter, Aerator, Other _____

The House is: Occupied or Vacant If Vacant, for how long: _____

Has the internal plumbing been inspected for gray-water drainage which does not go to the sewage system: Yes or No

Most Recent Date Tank Pumped: _____ The Health Department needs to look at the system prior to pumping to check the system under normal circumstances. The septic tank may need pumped out after the initial evaluation. Under most circumstances, the septic tank will need to be pumped out unless there's proof it was done within the past 2 years. If tank pumping is determined to be required, a receipt to show proof of pumping must be submitted to the Health Department prior to release of the final report.

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Attention: All applicable fees must be paid at the Health Dept. prior to any evaluation(s) being performed. Also, incomplete data/preparedness will result in delays and/or failure in completing the evaluation(s). I have read and completed the requirements for home systems evaluation, and hereby request the above evaluation(s) to be performed. I have completed this form as thoroughly as possible, and all of the above information is true to the best of my knowledge.

*****If an application is submitted for an environmental service and the applicant later requests a withdrawal of the service, 25% of the program fee will be retained by the department as an environmental health administrative fee.**

SIGNED _____ DATE _____

***** (OFFICE USE) *****

Total Due: _____ Date Paid: _____ Receipt #: _____

INSPECTION RESULTS (OFFICE USE ONLY)

WATER SYSTEM

Sample Date: _____ Sampler's Name: _____

System Location: _____ Surface Condition of Annular Space: _____

Any improper isolation distances: _____

Type: Pitless _____ Pit _____ Well: Cap Type _____ Flooding Problems _____

Casing Info: Type _____ ASTM, API, ANSI/NSF# _____ Diameter _____ Thickness _____ Ht. Above Grade _____

Is there a pressure relief valve: _____ Faucet \geq 8" high at pressure tank: _____

Sample Location: _____ Disinfection Equip: _____ Filters: _____

Is old well(s) properly sealed: _____ Comments: _____

Nitrate Prescreen Results: \leq 5 mg/l or $>$ 5 mg/l Nitrate Bottle # if $>$ 5mg/l: _____

Test Type: _____ Bottle #: _____

Test Results: Safe _____ Unsafe _____ Other _____

Date(s) Notified: Phone _____ Mail/Fax/Email _____ In Person _____

SEWAGE SYSTEM

Location of Sewage System: _____

Sewage Tank Capacity: _____ Number of Risers: _____

Baffles Intact: Yes _____ No _____ Pumping Needed: Yes _____ No _____ Just completed _____

Distribution Box Condition: _____

Secondary Treatment Type: _____ Size: _____

Secondary Treatment Condition: _____

Depth of ground over gravel: _____ Outlet tile condition: _____

Characteristics/Conditions of Lot: _____

Is there adequate replacement area: Yes _____ No _____ Where: _____

Was a dye test performed: Yes _____ No _____ Dye Test Results: _____

Comments/Recommendations: _____

Inspection Date(s): _____ Sanitarian: _____

Date(s) Notified: Phone _____ Mail/Fax/Email _____ In Person _____