

FEE: \$55.00- NONREFUNDABLE

Form last revised: 10/13/2011

Receipt # _____ **Date Paid** _____

Date of Appointment: _____ Time: _____

DARKE COUNTY GENERAL HEALTH DISTRICT

300 Garst Avenue

Greenville, Ohio 45331

www.darkecountyhealth.org

Phone: (937) 548-4196 Fax: (937) 548-9654

APPLICATION FOR HOME SALE/REFINANCE

These inspections are scheduled on Thursday afternoons ONLY!

Typically water test results are not available until late afternoon the following Monday.

Please note: we cannot guarantee when these results will be received and that you would receive an approval letter that day.

PLEASE SEND EVALUATION RESULTS TO

Name _____ Phone # _____

Address _____

City, State, Zip _____

LOCATION OF REQUESTED EVALUATION

Name _____ Phone # _____

Address _____

City _____ Township _____

Subdivision _____ Lot # _____ T _____ R _____ S _____

Directions: _____

Is the home occupied or vacant? _____ If vacant, how long? _____

When was the home built? _____ Builder of home: _____

Number of bedrooms: _____ System has (circle): aeration tank septic tank

The Health Department files records of septic systems by the homeowners' last name when the system was installed (with some exceptions).

Name of the homeowners from 1950 to present:

Year purchased:

Is this inspection for a land split?

Yes No (STOP: use land split application form)

List of Septic Pumpers on Reverse Side

LIST OF SEPTIC PUMPERS

Barnes Sewer & Septic	Winchester, IN	(765) 584-7295
Booso's Septic Cleaning	Lewisburg, OH	(937) 962-4435
Cooper's Sanitary Service	West Milton, OH	(937) 698-6200
Flatter's Septic Tanks	Greenville, OH	(937) 548-7667
Frantz Septic Cleaning	Bradford, OH	(937) 448-2138
Frech's Cleaning Service	New Madison, OH	(937) 996-1615
Kirkman's Plbg & Eel Service Inc.	Greenville, OH	(937) 548-1072
Mike's Sanitation	New Bremen, OH	(419) 629-3695
Roto-Rooter	Dayton, OH	(937) 496-3975
Rumpke Transportation Co, LLC	Richmond, IN	(765) 966-5030

EVALUATION OF EXISTING HOME SEWAGE SYSTEM

The lids of the septic tank and splitter/distribution boxes must be uncovered prior to the time of inspection. If there are no risers on the inlet and outlet lids of the septic tank or on the dry well, they will be required. If the system has a dry well, uncover the lid to the dry well. If the system has a subsurface sand filter, the outlet tile must be uncovered in order to sample the quality of the effluent. An inspection port will be required on the outlet tile of the sand filter if one does not currently exist. An upflow filter will be required following an aeration system, if not already installed. A scavenger registered with the Darke County Health Department must pump the septic tank while the inspector is present.

The inspector's opinion of the system may be rendered without knowledge of some of the individual parts of the home sewage system and applies only to the date and time the opinion is made. Therefore, the opinion does not guarantee the future performance of the home sewage system.

The owner/applicant agrees to the requirements of the special service inspection and understands that upgrades may be required if deemed appropriate by the Health Department. The applicant also understands that the system will be placed under the Operational Permitting Program of the Darke County Health Department. Please see Operational Permit Pamphlet for additional information regarding this program.

If for any reason you must cancel or reschedule the appointment, you must call in at least 24 hours prior to the originally scheduled appointment.

Applicant _____ Date _____

Homeowner or representative _____ Date _____

FOR OFFICE USE ONLY

SEPTIC SYSTEM: APPROVED ___ DISAPPROVED ___ INSPECTOR _____ DATE _____

DATE PUMPED _____ PUMPER _____ # GALLONS _____

CORRECTIONS NEEDED: _____

DATE RE-INSPECTED : _____ INSPECTOR _____

SOIL TESTING REQUIRED? YES NO EASEMENT REQUIRED? YES NO

Type of System:

Aeration _____ Lineal Feet 18" 36" Split Field _____ Mound System
Tank _____ gal. w/risers _____ Graveless 18" 36" Gradient/ Curtain Drain _____ Drip System
Existing _____ Upflow Filter _____ Inspection Port _____ Other _____

System Type Code (Circle):

- 1. Soil Absorption
2. NPDES discharging

Soil Credit Used (Circle):

- 1. One foot credit used
2. Two foot credit used

Type of installation: New / Replacement / Alteration

Type of soil from survey _____

System Description Code (Circle):

- 1. Septic tank to shallow leach lines
2. Pretreatment to shallow leach lines
3. Septic tank to 18"-30" leach lines
4. Pretreatment to 18" - 30" leach lines
5. Septic tank to sand mound
6. Pretreatment to sand mound
7. Septic tank to drip distribution
8. Pretreatment to drip distribution
9. NPDES System
10. Other

Easement: Y or N

Depth to Limiting Layer _____ inches

System Flow (GPD): _____

Vertical Separation Distance (VSD): ___ Ft.

Bedrooms: _____

Estimated Cost: _____

Operational Permit Fee: _____

Installer: _____

O/M Description (circle): Conventional Mechanical

O&M Month: _____

Water Testing Application on Reverse Side

APPLICATION FOR WATER TESTING
 (ALL FEES ARE NON-REFUNDABLE)

PARAMETER TO BE TESTED: (please circle)

Total Coliform Bacteria: Y N LABORATORY FEE: \$25.00

Nitrate Pre-screen Y N LABORATORY FEE: \$0.00

(If the pre-screen is positive, a laboratory sample for nitrates will be collected and you will be subsequently billed the collection fee for nitrates: \$17.50)

OTHER: _____ LABORATORY FEE: _____

OTHER: _____ LABORATORY FEE: _____

Laboratory Fees plus \$50.00 Collection Fee = Total Fee TOTAL FEE: _____

By signing below, the homeowner/applicant understands that the health department may inspect the components of the private water system from which the water sample is requested. The owner/applicant also understands that upgrades may be required if deemed appropriate and/or necessary in order to protect public health or safety per OAC 3701-28-19. If for any reason the appointment needs to be cancelled or rescheduled, you must call at least 24 hours prior to the originally scheduled appointment.

Applicant	Date
Homeowner or Representative	Date

Receipt # (s) _____

Date Paid _____

.....
FOR OFFICE USE ONLY

Location	Inspector	Date	AR #	Result
1 st Sample: _____	_____	_____	_____	Positive/Negative
2 nd Sample: _____	_____	_____	_____	Positive/Negative
3 rd Sample: _____	_____	_____	_____	Positive/Negative

Other Results: _____

Notes: _____