



CLERMONT COUNTY PUBLIC HEALTH

2275 Bauer Road, Batavia, OH 45103 Phone: 513-732-7499 | Fax: 513-732-7936

Homeowner Request

Property Address: _____
 Township: _____ Acreage: _____ Parcel ID#: _____
 Homeowner's Name: _____ Daytime Phone: _____
 Mailing Address: _____
 *Owner/Agent Signature: _____ Date: _____
***Signature REQUIRED to authorize inspection upon receipt of request and payment.**
A phone number must be provided to schedule Private Water System inspections and water samples.

Optional Release

A copy of the inspection form and septic system maintenance information will be sent to the prospective purchaser if the following request for release of information is completed in full.

Purchaser's Name: _____ Mailing Address: _____
 Purchaser's Signature: _____

Property/System Information

Is the house occupied?: Yes ___ No ___ If no, how long has the house been vacant?: _____
 Number of people occupying the house BEFORE sale: _____ AFTER sale: _____
 Number of bedrooms: _____ Year the house was built: _____ Age of septic system: _____

Inspection(s) Requested

(Check all that apply)

_____ A.) **Household Sewage Treatment System Inspection**
 Type: Leach Lines ___ Mound ___ Sand Filter ___ Aerobic ___ Other _____
 Last time septic/aerobic tank was pumped? _____
 Note any system problems: _____
Should the septic system be determined to be malfunctioning reinspections will continue to be performed until the problem has been corrected.

_____ B.) **Private Water System Inspection** (you must also check item "C" below.)
 Type: Cistern _____ Hauled Water Storage Tank _____ Spring _____ Well _____
 Does the system have an automatic disinfection unit? (Example: chlorinator) Yes _____ No _____

_____ C.) **Private Water System Sample** (taken Monday thru Wednesday only!!!)
 Special Notations (directions/locked gate/dogs/etc.): _____
If your well or cistern does not have an automatic chlorinator no chlorine can be present at the time of collection of the water sample.

This completed form must be mailed or delivered to Clermont County Public Health along with your check or money order for the total amount (see rate schedule below), made payable to the **Clermont County Treasurer**, before the inspection will be performed. **Allow 14 business days for completion.**

If you checked:	A only...	the 1st inspection fee is:	\$100.00 Total
	A, B & C...		\$190.00 Total
	B & C only...		\$130.00 Total
	A & C only...		\$160.00 Total
	C only...		\$ 75.00 Total

NOTE: Fees must be prepaid. (Re-inspection \$65.00/ Re-sample \$75.00)

_____ Please mail results to: _____
 _____ Please email results to: _____
 _____ Please call _____ when complete. I /we will pick-up results at Clermont County Public Health at the address listed above.

OFFICE USE ONLY:

Original BSA#: _____

Loan Review#: _____