

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

Name (of requestor): _____ Date: _____
 Affiliation to current owner (owner, contractor, buyer, selling realtor, etc.): _____
 Mailing Address (of requestor): _____
 Phone Number: _____ Fax Number: _____
 Email Address: _____
SITE ADDRESS: _____ Township: _____
 Owner of Site (if different than above): _____ Phone Number: _____
 Current Occupant at Site (if different): _____ Phone Number: _____
 Location of Water System: _____
 Location of Sewage System: _____
 Any Other Useful Info (schedules,locks,fences,dogs,etc): _____

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_____ **WATER SAMPLE** (Fee \$135.00) This is for the Total Coliform Bacteria test (Sampled on Thursday afternoon and Friday morning)
 Extra water test(s) requested (see other page): _____ Fee: _____
 Type of Development: Well _____ Spring _____ Cistern _____
 Development Status: New _____ *Existing _____ Year Installed: _____
 Reason for sampling: Construct/Alter _____ HomeSale _____ Refinance _____ FosterCare _____ FSO/RFE _____ Other _____
 Water softener on system: Yes _____ No _____ Unk. _____ If yes, is softener bypassed: Yes _____ No _____ Unk. _____
 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 sampling spigot and arrangements for sampling: _____
 (Real estate and refinance may be taken from kitchen spigot, all new wells and rechecks must be taken at the pressure tank)

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_____ **SEWAGE SYSTEM EVALUATION *** (Fee: \$300.00) 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. Read the important details in the "Policy and Procedure for HSTS Evaluation/Inspection" which may cause old system replacement.
 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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ACKNOWLEDGEMENT:
 1. Prior to submittal of this application, the applicant shall inform the owner of the details of this evaluation, especially the "Policy and Procedure for HSTS Evaluation/Inspection" (attached) if applicable, which could cause the upgrade of an existing sewage system.
 2. All applicable fees must be paid prior to any evaluation being performed. If an application is submitted but later withdrawn before evaluation, 25% of the fee will be retained by the department as an administrative fee.
 3. This application will not be processed until all requirements listed above are completed. Incomplete data or preparedness will result in delays or failure in completing this evaluation. Any known violations of water or sewage code at this property need to be fully disclosed.
 4. Any changes that occur during evaluation, may involve additional work to be done and additional costs to be paid. Work requiring an approval and/or a permit may not commence until the proper approval and/or permit is acquired, otherwise there is a 25% penalty fee.
 5. This application will expire within one year of submittal or once fully processed, whichever occurs first.
 By signing below: I am requesting the health department to perform this evaluation; I am acknowledging that I have read, understand, and agree to the requirements of this evaluation, including the 5 items above; and I have completed this application to the best of my knowledge and ability.
APPLICANT and/or OWNER SIGNATURE: _____ **DATE:** _____

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

EVALUATION RESULTS (OFFICE USE ONLY)

WATER SYSTEM

Sample Date: _____ Sanitarian: _____

System Location: _____ Surface Condition of Annular Space: _____

Any improper isolation distances (e.g. 50' to STS): _____

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: _____ Is old well sealed: _____

Other Equipment (filters, softener, hydrant, 1024 dual check-valve): _____

Comments: _____

Nitrate Prescreen Results: < 5 mg/l or ≥ 5 mg/l Nitrate Bottle # if ≥ 5 mg/l: _____

Test Type: _____ Bottle #: _____

Test Results: Safe _____ Unsafe _____ Other _____

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

PWS Contractor 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: _____

Evaluation Date(s): _____ Sanitarian: _____

Date(s) Notified: Phone _____ Mail/Fax/Email _____ In Person _____ (Rev. 1/31/2024)



Public Health
Prevent. Promote. Protect.

Board of Health Sidney-Shelby County

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WATER SAMPLING INFO

Standard water requirements for all Private Water System wells in Ohio

<u>Parameter</u>	<u>Maximum Contaminant Level (M.C.L.)</u>
Total coliform	≤4.0 CFU or ≤4.2 MPN /100ml (lab test)
E. coli	No detection CFU or MPN /100ml (lab test)
Nitrate	<5.0 mg/l instant strip test (or ≤10.0 mg/l lab test below)

These can be checked for \$135.00 fee, with approximately a 4-8 day turn-around time for results. If bacteria are found exceeding the above levels, disinfection of the well is the first course of action. Details of the well disinfection procedure can be found on the water page of our website.

Various additional water testing for HUD, FHA, VA, and USDA

<u>Parameter</u>	<u>M.C.L.</u>	<u>Lab Fee</u>
Nitrate	10.0 mg/l	\$24.85
Nitrite	1.0 mg/l	\$24.85
Total Nitrate/Nitrite	10.0 mg/l	Provided with Nitrate test
Lead (pre 1986 plbg.)	15.0 ug/l	\$26.60
Arsenic (for USDA)	10.0 ug/l	\$26.60

These various non-bacteria tests have approximately an 8-12 day turn-around time for results. There is a \$75 base fee for sampling if not done with the standard bacteria testing at the top.

Key / Notes

CFU = colony forming unit
MPN = most probable number
mg = milligram
ug = microgram
l = liter
ml = milliliter
1 ppm (part per million) = 1 mg/l
1 ppb (part per billion) = 1 ug/l

If you have any further water sampling questions, please feel free to contact us.



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Policy and Procedures for HSTS Evaluation/Inspection

The following are policies and procedures for the evaluation of existing Household Sewage Treatment Systems (HSTS) as it relates to real estate evaluations for real estate transfers, land surveys involving a lot split with an existing dwelling, and for section “C” site evaluations when a sewage application is submitted. This is a guide only and may not fit every situation that arises on an evaluation.

HSTS Section “C”, and Land Survey Lot Split with Existing dwelling evaluations

The purpose of these evaluations is to make sure the development or new lot will not impact on the existing sewage system or sewage system replacement area and to ensure that the sewage system is not creating a nuisance. The development or new lot line must be at least ten feet from the sewage areas. This procedure will vary in implementation depending on the system type. The more common system configurations and the evaluation procedure for each are as follows:

- 1. A septic tank only with no permit on file with the Health Department:**
The homeowner or designated agent will have to provide proof of a secondary treatment mechanism. If no secondary treatment mechanism is found, then the system will be required to be upgraded.
- 2. A septic tank and sub-surface sand filter (permit on file):**
The effluent being discharged from the sand filter needs to be inspected for quality. A riser must be in place or installed on the outlet tile of the sand filter.
- 3. A septic tank and leach field or bed and curtain drain (permit on file):**
The effluent level in the septic tank and distribution box can be checked to make sure the leach field or bed is not backed-up. The curtain drain needs to be checked to make sure no sewage water is draining into the tile. The leaching area needs to be probed and walked to see if there is any surfacing sewage water. A dye test may need to be conducted if there is a question to whether or not sewage water is discharging off-lot. If no curtain drain exists, additional checking may be required to ensure no sewage water is discharging off-lot (check for any connections made to leaching via gravel trench or tile).
- 4. An aeration system:**
The system should be checked to make sure it's functioning as designed and discharging a quality effluent (see aeration inspection sheet).
- 5. Mound system:**
Reference editions 9.14 and 15.24 of “Design and Construction Manual for Wisconsin Mounds” or the OSU Extension Bulletins 813 and 829.

Note: The HSTS Section “C” evaluation application and fee requirements are waived if the HSTS was inspected by the Health Department within the past 18 months (Real Estate evaluation, Section “C” HSTS evaluation, or Land Survey HSTS evaluation) or if the system has a HSTS Operational Permit (1 or 5 year permit, including aeration systems under a maintenance contract). Only a site plan needs to be submitted to show that the proposed development will not impact the HSTS or HSTS replacement area. An inspection may be done at that time at the discretion of the sanitarian and will count towards the HSTS Operation Permit renewal. HSTS Operational Permit renewals will be done according to the expiration date assigned.

Real Estate evaluation

The purpose of this evaluation is to ensure that the sewage system is not creating a nuisance and functioning as designed. The procedure for this evaluation is the same as section “C” and lot split evaluations except that it is mandatory for all system components to be in place. Risers to grade with lids must be installed over the inlet and outlet access manholes of the septic tank and over the distribution box. An inspection port must be in place or installed over the curtain drain for a leach field or a subsurface sand filter drain prior to connection to the outlet tile. The baffles of the septic tank must be checked to make sure they are intact. The house plumbing should be checked to make sure all wastewater drains go to the sewage system. The tank must be pumped out after the initial evaluation unless it has been pumped out in the past 2 years (proof must be provided). A dye test may be needed if there is uncertainty on whether or not untreated sewage effluent is discharging off-lot.