



Clinton County Health District

Public Health - Prevent. Promote. Protect.

111 S. Nelson Ave. Suite 1
Wilmington, Ohio 45177
info@clincohd.com
937.382.3829

Real Estate (Evaluation of Existing Household Sewage Treatment System) \$100.00

Applicant Name: _____ Date: _____

Address of Property to be Evaluated: _____

Township: _____ Phone: _____ Email: _____

(If different than above.)

Owner Name: _____ Address: _____

Phone: _____ Email: _____

Send results to: Applicant Address ☐ Applicant Email ☐ Owner Address ☐ Owner Email ☐

Does the home have a public water supply? Yes ☐ No ☐ If no, where is the location of the private water system? _____

Living status of the home? Occupied ☐ Vacant ☐ If vacant, how long? _____

Property Sketch

If known, please include the location of the household sewage treatment system, private water system, property lines, and other details you would like to share.

I understand the following:

** The results of this evaluation may be rendered without knowledge of some of the individual parts of the Household Sewage Treatment System (HSTS) and applies only to the date and time the assessment is made. Therefore, this does not guarantee the future performance of the HSTS.

** The person requesting the evaluation, or homeowner, is responsible for uncovering system components, such as septic/aeration tank lids, lift station, distribution boxes, etc. for review.

** If the results of this evaluation find the HSTS failing or ineffectively treating sewage effluent, the owner will be required to make necessary repairs/replacement to the HSTS.

Signature of Applicant or Property Owner: _____ Date: _____

- OFFICE USE ONLY -

Date(s) Received/Fee Paid _____ Receipt # _____ Date/Initials Results _____ ID# _____

CCHD Real Estate Application: Updated: 12/09/2024



Equal Opportunity Employer/Provider



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Results

Address: _____

Primary Treatment

Septic Tank Type: Conventional ☐ Aerobic ☐ Undetermined ☐

Distance from private water system: _____ feet Location of Tank: _____

Secondary Treatment

Type: Leach field ☐ Leach bed ☐ Sand Filter ☐ Mound ☐

Distance from private water system: _____ feet

General Factors at Time of Inspection

Weather Conditions: _____ Soil Conditions: _____

From Records (if any)

Tank size: _____ Secondary Treatment: _____

No Records Found: ☐

Clinton County Health District's evaluation of this HSTS:

- ☐ Is not creating a nuisance and with similar use can be expected to continue operating in a similar manner.
- ☐ No nuisance observed, however, see comments below.
- ☐ Is creating a nuisance and requires repair/replacement.

Comments: _____

Date: _____

Registered Environmental Health Specialist (REHS) Signature: _____

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