



Clinton County Health District

Public Health - Prevent. Promote. Protect.

ID # _____
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 Sent _____

CCHD Real Estate Application: Updated: 12/02/2024



Equal Opportunity Employer/Provider