



# 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 re-inspections 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. If chlorine is present in system a sample will not be collected and a re-inspection fee will be charged.**

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 or B only....	the 1st inspection fee is:	\$125.00 Total
	A, B & C...		\$200.00 Total
	B & C only...		\$160.00 Total
	A & C only...		\$175.00 Total
	C only...		\$ 75.00 Total

**NOTE: Fees must be prepaid.** (Re-inspection \$75.00/ 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#: \_\_\_\_\_