



"For The Health of Us All"

KENNETH G. PEARCE, M.P.H.
HEALTH COMMISSIONER

**LORAIN COUNTY GENERAL HEALTH DISTRICT
9880 SOUTH MURRAY RIDGE, ROAD
ELYRIA, OHIO 44035**

TELEPHONE
Area Code 440
Elyria 322-6367
Lorain 244-3418
244-2209
Columbia Station 236-8722

LOAN INSPECTION REQUEST INFORMATION

The Environmental Health Division has been requested by local homeowners, realtors, and lenders to provide an inspection service for private water and/or household sewage treatment systems (HSTS). This fee for service program provides documentation as to the safety of private water systems and functional condition of private sewage treatment systems.

In order to provide the timeliest service, it is necessary that the inspection application be signed by the owners of the property, filled out as completely as possible, and returned to our office with the \$130.00 fee.

The following information will help in completing the request:

1. We must have the permanent parcel number of the property being inspected.
2. We must have verification that the sewage treatment system has been pumped out within the last three (3) years. This may be a receipt from the pumping company, a copy of your canceled check, or verbal notification to us from the pumper. For home systems with aeration tanks and an "Upflow filter®" or "Biokinetic filter®", be sure the filter has been properly cleaned when the system is pumped or serviced. If the system has not been pumped within the last three (3) years, **please wait until after our inspection to pump the tank.**
3. We must have access to the home for inspections, but we will not enter a home unless an authorized person is present. Please provide a contact person who can be present to let the Registered Sanitarian into the home.
4. Check laundry and sump crock connections. The Ohio HSTS regulations require laundry water to go into the sewage treatment system and prohibits surface (i.e. footer and downspout) water from entering it. If either one of these conditions exists, they will need to be re-plumbed to comply with sewage codes.
5. Please keep in mind that drinking water samples (if required) are taken on Monday, Tuesday and Wednesday only. Also, if re-sampling of the water supply (well, cistern, etc.) is necessary, this will lengthen the time involved in completing the report.
6. Normally, it will take one to two weeks to complete your inspection. Please plan accordingly.

Be advised that if the sewage system fails the inspection it may require replacement. Replacement of a system could take several weeks due to new State of Ohio requirements.



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**REQUEST FORM
for a
PRIVATE SEWAGE SYSTEM and/or PRIVATE WATER SYSTEM
INSPECTION AND REPORT**

Owner: _____ Phone: _____

Mailing Address: _____

Property Address: _____

_____ City/Twp./Village _____

I hereby request the following inspection, tests and records check be conducted by your agency:

- _____ only private sewage system inspection/report
- _____ only private water supply inspection/report
- _____ both private water and sewage inspection/report

Further, being the owner of the above stated property and having requested, paid for and fully consented to all necessary inspections and reports, I hereby give complete authority to release any such report to the person(s) and/or agents I have listed on the reverse side of this page. I am fully aware that such records are kept by the above named authority and become public records in that they may be viewed and/or copied by any person requesting same. Furthermore, I waive any and all claims I may have against the Lorain County General Health District, its agent or employees, which may result from the release of such information.

Owner's Signature

Date

PLEASE FILL IN THE INFORMATION REQUESTED ON THE REVERSE SIDE. It is important to supply as much information as possible to accelerate the inspection process.

Please make check payable to LORAIN COUNTY HEALTH DEPARTMENT for amount of the fee which is \$130.00.

(office use only)

Date received by Health District _____ Fee: \$130.00 _____ Receipt _____

Name of contact person for access to home: _____

Phone number(s): _____

Year home built _____ Builder _____ Age of system _____

Original owner _____ Sewage system permit number _____

Permanent Parcel Number: _____

Is house occupied? _____ Vacant? _____ (If vacant, how long?) _____

Was the sewage system pumped out within the last three (3) years? Yes _____ No _____

If yes, date _____ Name of pumper _____ (include receipt)

Type of water supply (circle one): well cistern pond municipal

Send report to :

1. Name: _____

Address: _____

Fax: _____

Attention: _____

2. Name: _____

Address: _____

Fax: _____

Attention: _____

(office use only)
