



## Existing Household Sewage Treatment System (HSTS) & Private Water System (PWS) Evaluation Application for House Sale/ Refinance

Portage County Combined General Health District

999 East Main Street, Ravenna, OH 44266

Phone: 330-296-9919 Email: [PCHD@portagehealth.net](mailto:PCHD@portagehealth.net)

(Payment must accompany this form. Check the boxes below for requested services)

HSTS Evaluation

Nitrate Water Sample

PWS Evaluation- Includes Bacterial/e.coli Water Sample

Nitrite Water Sample

**Property Address:**

**City/Twp.:**

**Owner Name:**

**Email:**

**Complete Mailing address:**

**Seller Realtor:**

**Email:**

**Buyer Name:**

**Email:**

**Buyer Realtor:**

**Email:**

**Contact person name & phone no. for entry into the home:**

### **EVALUATIONS REQUIREMENTS AND CONDITIONS:**

- The evaluation of a home sewage treatment system or private water system is not required by law in Portage County when a house is sold but is offered as a service for a fee as indicated above. If the evaluation is not completed within 60 days from the original date of application due to repeated cancellations/delays, the application and a refund will be returned.
- Scheduling of inspections can take up to 7-10 days, and inspections are only done Monday-Wednesday, weather permitting. Nitrate and Nitrite water samples are only available on Wednesdays. The inspector conducting the tests will arrange an appointment with the person listed as the contact for entrance into the home. Every effort will be made to schedule the evaluation within 10 days of receipt of application and payment.
- If there is no running water, and/or if there are traces of chlorine found in the water during the time of collection, the water sample will not be taken.
- **A dye test will not be conducted if the septic tank(s) has been pumped within 30 days of the scheduled evaluation. No HSTS dye testing will be conducted when the snow depth exceeds two inches, or if grass and brush exceed twelve inches, components such as septic tanks/aeration tanks, pump tanks and distribution boxes are not uncovered, or mechanical components are not functioning (alarms, pumps, etc).**

### **Please provide the information requested below:**

Year Built:

No. of bedrooms:

Date septic tank(s)  
last pumped:

Last Evaluation  
Date:

**I, the property owner, have read and agree to all the requirements and conditions of PCHD's Home Sewage Treatment Systems and Private Water Systems evaluations. I, the property owner, agree to allow PCHD access to the above-mentioned property to conduct the evaluation(s).**

**Signature of Property Owner:**

**Date:**

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Date Paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_