

**CARROLL COUNTY GENERAL HEALTH DISTRICT
POINT OF SALE EVALUATION
RESOLUTION 601-MM**

WHEREAS, The Board of Health of the Carroll County General Health District, acting under the authority vested in it by Sections 3707.01 and 3709.21 of the Ohio Revised Code, may adopt regulations necessary for the public health, the prevention and restriction of disease and the prevention, abatement, and suppression of nuisances, and

WHEREAS, Section 3709.09 of the Ohio Revised Code permits the Carroll County General Health District to establish a uniform system of fees to pay the cost of any service provided by the Board of Health, and

WHEREAS, the Board of Health finds it necessary to implement a fee system to support the cost of providing a Point of Sale Evaluation for properties with a home sewage treatment system.

NOW, THEREFORE, BE IT RESOLVED by the Board of Health of the Carroll County General Health District:

Section 1: That the Rules and Regulations of the Point of Sale Evaluation be adopted by the Carroll County General Health District.

Section 2: The fees for the Point of Sale Evaluation be amended in accordance with "EXHIBIT A", attached hereto and made a part hereof as if fully rewritten herein.

Section 3: That this Resolution be in effect as an emergency measure commencing November 19, 2008.

ADOPTED BY THE CARROLL COUNTY BOARD OF HEALTH ON THIS

_____ DAY OF _____, 2008.

Dr. W. Scott Stine, President
Carroll County Board of Health

ATTEST:

Corinne Ren, Clerk

**CARROLL COUNTY GENERAL HEALTH DISTRICT
POINT OF SALE EVALUATION
RESOLUTION 601-MM**

- (A) An evaluation of a residential sewage system must be completed prior to the transfer of ownership of any parcel with said system. The evaluation shall be conducted by a member of the Health District and if necessary and corrective action (s) shall be accomplished within the time period (s) directed.
- (B) Application for the evaluation permit shall be in writing and contain pertinent information as required by the Board of Health. Any fee established for the evaluation by law or by the Board of Health under authority of law shall accompany the application.
- (C) Reinspection fees are set by the Board of Health.
- (D) The inspection will be conducted to assure compliance with the Carroll County General Health District Household Sewage Disposal System Regulation 101 and amendments thereto.
- (E) The Carroll County Health District shall deny an evaluation if the information on the application is incomplete, inaccurate, or indicate that the provisions of regulations 101 of the Household Sewage Disposal System Regulations of the Carroll County General Health District cannot be met.
- (F) Any system found to be functioning improperly must be brought up to current code.
- (G) System evaluations shall be valid for (3) three years.
- (H) Any system which has been legally repaired or installed through the Carroll County Health Department within three years of the Point of Sale will not require a Point of Sale inspection.
- (I) The Carroll County Health Department will not hold up any sale of property. The individual who requests the Point of Sale inspection will be notified of the evaluation results and any subsequent actions required by the Health Department.

**PLEASE CALL TO SCHEDULE AN APPOINTMENT
(330) 627-8022**

For Sale of Property Checklist

1. Is there an existing sewage permit on file with the Health Department?
If there is no sewage permit on file with the Health Department, the report will indicate “No permit on file”. The evaluation will only identify internal plumbing issues relevant to illegal discharge.
2. Has the house been occupied for the last 60 days? The evaluation will indicate that failure may not be evident until everyday usage of the home resumes.
3. Have the septic tanks/aerator been pumped in the last 60 days? It will be noted that homes where the tanks have been pumped within 60 days may mask signs of failure. **Tanks should not be pumped prior to evaluation.**
4. Is all discharging household plumbing to the sewage system?
5. A sample well may need to be installed if a flowing sample close to the last treatment component cannot be observed, as determined by the inspector.
6. Has the system had any repairs or inspections? If yes, provide a copy of the information.

Once the fees have been paid and the paperwork submitted to the Carroll County General Health District’s office, **you must call to schedule an appointment with a sanitarian.**

**BEFORE AN INSPECTION IS MADE, THE FOLLOWING IS
RECOMMENDED, BUT NOT MANDATORY**

1. The tank/aerator inlet (s) and outlet (s) lids must be exposed. Both openings on each septic tank.
2. All distribution boxes must be exposed.
3. The exit (s) to any curtain drain must be exposed.
4. Any other component (s) of the system must be exposed (lift station, chlorinator, discharge point, etc.)
5. Someone is present to provide access to the property (**mandatory**)

AFTER THE INSPECTION

1. A report will be filled out and sent only to the requestor.
2. If corrections are needed, orders will be issued and a follow up inspection (fee required) will be scheduled.
3. If the system is found to be failing, orders will be issued to make the necessary corrections or install a new system (possible fees required).

POINT OF SALE EVALUATION
Some Frequently Asked Questions

1. What homes will require an inspection by the Carroll County Health District?
 - All 1, 2, and 3 family residential dwellings with a sewage disposal system, which, as determined by the Auditors' office, have a money transfer and are not exempt from the conveyance fee will require an inspection. The Auditors' office will provide the Carroll County Health District with a list of these properties.
2. Will this inspection hold up the transfer of title of a piece of property?
 - No, the Carroll County Health District will not hold up the transfer of title of a property.
3. If the sewage disposal system does not meet the current health district code, will the system automatically not pass the inspection?
 - No, sewage disposal systems will be evaluated and the performance of the system will determine whether the system passes the inspection.
4. If the sewage disposal system does not meet the current health district code, does it have to be updated to current code?
 - No, sewage disposal systems will be evaluated and the performance of the system will determine whether the system passes the inspection. As long as no discharge occurs, no surface failure occurs and plumbing is not backing up the system will pass.
5. If the sewage disposal system does not pass the inspection, will a new system need to be installed?
 - No, some systems may only need repairs. (Older systems were not designed to meet current quality standards). Some systems may require a full repair.
6. What length of time will an evaluation be acceptable to the Carroll County Health District?
 - Evaluations will be good for (3) three years.
7. Does the Carroll County Health District accept sample results from someone else?
 - No,
8. How soon after the inspection will the report be available?
 - Generally, the report will be available within three working days.
9. Who can do repairs to sewage disposal systems?
 - This will be determined on an individual basis.

**CARROLL COUNTY GENERAL HEALTH DISTRICT
APPLICATION AND WAIVER FOR EVALUATION OF EXISTING
HOME SEWAGE SYSTEM
ALL ITEMS MUST BE COMPLETED**

Point of Sale Evaluation: \$200.00
Re-evaluation \$ 50.00

Location to be evaluated:

Address: _____

Owner's Name: _____

Township: _____

Results mailed to:

Name: _____

Address: _____

Phone: _____

Fax: _____

Access to be provided by:

Name: _____

Address: _____

Phone: _____

Cell: _____

Number of occupants in home _____ Number of bedrooms _____ Date of last pumping _____

Is the house currently occupied? Y or N

Has the house been continuously occupied for the last 60 days? Y or N

Have there been any other evaluations of this sewage disposal system (*If yes, submit copies*) Y or N

Have there been any repairs/maintenance done on this sewage disposal system other than pumping? Y or N

*If yes, provide information as to what was done and when _____

Are you aware of any problems or failures to the system (ie: wet spots, back-ups, effluent discharging to the ditch)?

If yes, describe: _____

If this is a leaching trench system with two fields, when was the system last switched to the field currently in use? _____

****PLEASE READ THE FOLLOWING SECTION CAREFULLY BEFORE SIGNING****

I, the undersigned, acknowledge that the conclusions in this evaluation are opinions based on written documentation available in the Health District's archives, a visual inspection of accessible components of the sewage system, and/or in the case of off-lot systems: sample test results utilizing standard methods of wastewater analysis. I also understand that the conclusions and/or results of this evaluation are with respect to the effectiveness of the system at the time of the inspection and in no way guarantees the future performance of the system. I understand the system evaluation will be delayed by this department if any of the following conditions exist:

- 1) Snow cover over on-lot systems. Off-lot systems will be determined on an individual basis.
- 2) **All wastewater including laundry must flow into the septic tanks.**
- 3) The septic tank (s) have been pumped within the last **60** days.
- 4) No one is present to provide access to the property.
- 5) Excessive brush, grass, or ground cover.
- 6) In the case of off-lot discharge, a sample well is not present or has not been installed or an open discharge is not present so an observation can be made.

I acknowledge that if any of these conditions exist at the time of evaluation, a re-evaluation fee will be required for a second visit to the property. In addition, it is understood that if the system is determined to be failing and ineffectively treating the sewage effluent, the owner will be **REQUIRED** to make necessary repairs to the sewage system.

THE CURRENT PROPERTY OWNER MUST SIGN A WAIVER FORM/BOTH LINES MUST BE SIGNED. **Make checks payable to: Carroll County Health District**

Signature of Property Owner

Date

Signature of Requestor

Date