



CLERMONT COUNTY PUBLIC HEALTH
 2275 Bauer Road, Batavia, OH 45103 Phone: 513-732-7499 I Fax: 513-732-7936

Homeowner Inspection Request

Completed application must be submitted to Clermont County Public Health with payment. Checks can be made payable to the Clermont County Treasurer. Allow 14 business days for completion. Results will be emailed to the applicant or viewed online at <https://clermontcountyoh-energovpub.tylerhost.net/Apps/SelfService#/home>

Property Address: _____
 Township: _____ Acreage: _____ Parcel ID#: _____
 Homeowner's Name: _____ Daytime Phone: _____

I attest that the requested inspection is authorized by the owner of record and that I am making this application as either the owner or the owner's authorized representative.

Owner/Agent Signature: _____ Date: _____

Is the house occupied?: Yes ___ No ___ If no, how long has the house been vacant?: _____
 Number of bedrooms: _____ Year the house was built: _____

Inspection(s) Requested
 (Check all that apply)

\$180.00 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 the owner will be required to repair the system and pay the cost of required reinspections until the problem has been corrected.

\$225.00 Private Water System Inspection (Includes water sample)
 Type: Cistern _____ Hauled Water Storage Tank _____ Spring _____ Well _____
 Does the system have an automatic disinfection unit? (Example: chlorinator) Yes ___ No ___
 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 cannot be collected.

\$_____ Total Due

Email Results to: _____

Office Use Only

Existing Operation Permit Number: _____