



Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313-6901
Phone: (330) 926-5600 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-6436
www.scphoh.org

Application for an Exemption to a Home Sewage Treatment System Point of Sale Evaluation

Summit County Public Health's (SCPH) point of sale evaluation program is designed to provide the purchasers of homes in Summit County with information regarding the functionality of the property's existing home sewage treatment system (HSTS) &/or private water system (PWS). This form must be signed by the buyer and submitted to SCPH prior to the closing of the real estate transaction. Exemptions are valid only for the applicant(s) listed on this form.

Property Address: _____ Parcel ID: _____

City: _____ Zip: _____

Anticipated date of property transfer: _____

Buyer's Information:

Name: _____ Phone #: _____

Address: _____

Email: _____ City State ZipCode

Preferred method of receiving the report:
 Mail Email

A HSTS POS exemption is requested for the following reason:

- The property is exempt from Summit County Fiscal Office's Conveyance Fee
 - o **Proof of exemption from Conveyance Fee (Form DTE 100EX) is required to accompany this form.**
- A new or replacement HSTS was approved by SCPH within 24 months preceding the date of this property transfer.
- SCPH or a registered contractor conducted a point of sale evaluation of this property and submitted the form to SCPH for review within 24 months preceding the date of this property transfer.
- The applicant will have a replacement HSTS installed under a SCPH permit within 6 months of property transfer.
 - o **Site and Soil Evaluation Report must accompany this form.**
- The applicant will have the HSTS abandoned under a SCPH permit and the structure tied into public sanitary sewer within 6 months of property transfer.
 - o **Approved permit from sewer authority must accompany this form.**
- Other: _____

I understand that I am voluntarily waiving my right to have an inspection of the above system(s) performed by SCPH or a registered service provider which may inform me of issues with the system(s). Therefore, by submitting this form, I agree to forever release all claims against SCPH and its employees in relation to the above system(s).

Buyer(s) Signature _____ Date: _____

On behalf of Summit County Public Health, this request has been reviewed by _____
Name of Sanitarian
and is approved disapproved. If approved, this exemption is valid until _____.

Please note the following: _____

Sanitarian's Signature _____ Date: _____



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Application for an Exemption to a Private Water System Point of Sale Evaluation

Summit County Public Health's (SCPH) point of sale evaluation program is designed to provide the purchasers of homes in Summit County with information regarding the functionality of the property's existing home sewage treatment system (HSTS) &/or private water system (PWS). This form must be signed by the buyer and submitted to SCPH prior to the closing of the real estate transaction. Exemptions are valid only for the applicant(s) listed on this form.

Property Address: _____ Parcel ID: _____

City: _____ Zip: _____

Anticipated date of property transfer: _____

Buyer / Applicant's Information:

Name: _____ Phone #: _____

Address: _____

Email: _____ City State ZipCode

Preferred method of receiving the report:

Mail Email

A PWS POS exemption is requested for the following reason:

- The property is exempt from Summit County Fiscal Office's Conveyance Fee
 - o **Proof of exemption from Conveyance Fee (Form DTE 100EX) is required to accompany this form.**
- A new or replacement PWS was approved by SCPH within 24 months preceding the date of this property transfer.
- SCPH or a registered contractor conducted a point of sale evaluation of this property and submitted the form to SCPH for review within 24 months preceding the date of this property transfer.
- Property is connected to city water and has a well that is used for irrigation only
 - o **Backflow inspection from within the last 12 months must accompany this form.**
- The applicant will have a replacement PWS installed under a SCPH permit within 6 months of property transfer.
 - o **PWS permit approval must accompany this form.**
- The applicant will have the PWS abandoned under a SCPH permit and the structure tied into public water within 6 months of property transfer.
 - o **Approved permit from public water service provider must accompany this form.**
- Other: _____

I understand that I am voluntarily waiving my right to have an inspection of the above system(s) performed by SCPH or a registered service provider which may inform me of issues with the system(s). Therefore, by submitting this form, I agree to forever release all claims against SCPH and its employees in relation to the above system(s).

Buyer(s) Signature _____ Date: _____

On behalf of Summit County Public Health, this request has been reviewed by _____

Name of Sanitarian

and is approved disapproved. If approved, this exemption is valid until _____.

Please note the following: _____

Sanitarian's Signature _____ Date: _____