



Household Sewage and/or Private Water System Evaluation Exemption Form

PROPERTY ADDRESS: _____ PARCEL I.D.: _____

CITY: _____ ZIP: _____ TOWNSHIP: _____

OWNER'S NAME: _____ OWNER'S PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER'S REALTOR NAME: _____ REALTOR'S PHONE: _____

BUYER'S NAME: _____ BUYER'S PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUYER'S REALTOR NAME: _____ REALTOR'S PHONE: _____

YEAR OF HOME CONSTRUCTION (IF KNOWN): _____

ANTICIPATED DATE OF PROPERTY TRANSFER: _____

PROPERTY HAS: HOME SEWAGE TREATMENT SYSTEM SANITARY SEWER
 PRIVATE WATER SYSTEM PUBLIC WATER

REASON FOR EXEMPTION REQUEST:

- Property has had a new or replacement Private Water System and has been approved by MCPH within 12 months preceding the date of property transfer.
- Property is accessible to a public water source. Provide a letter from the public water entity stating that the property is accessible for connection and a notarized statement from the buyer agreeing to connect and abandon the private water well within 45 days of transfer.
- Property has had a new or replacement HSTS and has been approved by MCPH within 12 months preceding the date of property transfer.
- Property has had a point of sale evaluation conducted greater than 12 months, but less than 18 months prior to transferring and has the same occupancy, owner and usage as during the initial evaluation.
- Property will be accessible to sanitary sewer within 6 months of the date of property transfer (letter from sanitary engineers confirming such availability and a notarized statement from the buyer agreeing to connect to the sanitary sewer system within 60 days of availability must accompany this form).
- Property is accessible to sanitary sewer (letter from Mahoning County Sanitary Engineers confirming accessibility and a notarized statement from the buyer agreeing to connect to the sanitary sewer within 60 days of transfer must accompany this form).

This form must be signed by the Seller and Buyer (if available) and submitted to MCPH prior to the closing of the real estate transaction.

I (We) hereby agree to all the terms of this agreement as evidenced by my (our) signature(s).

Buyer(s) _____ Date: _____

Seller(s) _____ Date: _____

On Behalf of Mahoning County Public Health, waiver approved.

By: _____ Title: _____ Date: _____

SUBMIT FORM TO: Mahoning County Public Health

50 Westchester Drive, Youngstown, OHIO 44515

PHONE (330) 270-2855 FAX (330) 270-2859 www.mahoninghealth.org

Serving Mahoning County Communities Since 1920