



Summit County Public Health

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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 and only for 2 years from the date of the exemption approval.

Property Address: _____ **Parcel ID:** _____

City: _____ **Zip:** _____

Anticipated date of property transfer: _____

Buyer / Applicant's Information:

Name: _____ **Phone #:** _____

Address: _____

Email: _____ City State ZipCode

Fax: _____

Preferred method of receiving the report:
 Mail Fax Email

A HSTS POS exemption is requested for the following reason:

- The property is exempt from Summit County Fiscal Office's Conveyance Fee
 - Proof of exemption from Conveyance Fee is required to accompany this form. (see the Summit County Fiscal Office form DTE 100 EX for a list of exemptions)
- 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.
- 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.
- 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 _____

and is *approved* *disapproved. If approved, this exemption is valid until* _____ Name of Sanitarian

Please note the following: _____

Sanitarian's Signature _____ **Date:** _____