



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. The application can be mailed or emailed to wqpos@scph.org. 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: _____

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.

Preferred method for receiving report: Mail Email

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. The application can be mailed or emailed to wqpos@scph.org. 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: _____

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 within the last 24 months.
- Property is connected to city water and has a well that is used for irrigation only
 - o **PWS alteration permit approval must accompany this form**

Preferred method for receiving report: Mail Email

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:** _____