



Columbiana County Health District

P.O. Box 309 – 7360 State Route 45 – Lisbon, Ohio 44432
Phone: 330-424-0272 – **General Fax:** 330-424-1733 – **Nursing Fax:** 330-424-1843
Email: cchd@columbiana-health.org **Web:** www.columbiana-health.org

Hold Harmless Agreement

Property Address: _____

Township: _____ Tax Parcel Number: _____

An application request for the evaluation must be received with payment prior to the closing of the real estate transaction. Within ninety (90) days of the occupancy of the home, the evaluation must be completed by the Columbiana County General Health Department. The party requesting this Agreement must contact the Columbiana County General Health District for scheduling the evaluation. Any deficiencies in either the septic system, plumbing, or water well must be completed in accordance with all applicable regulations.

Due to the following conditions, a Hold Harmless Agreement is granted for this property because it was vacant at the time of inspection.

Hold Harmless: In consideration for this waiver, the party requesting the evaluation acknowledges that it is not ideal conditions to perform the septic inspection. The Columbiana County General Health District will allow the transfer of the deed, however, the party requesting the inspections agrees to hold harmless the Columbiana County General Health District and the Board of Health for any liability or problems that may arise with the septic system and/or the private water system.

Please Print: Name, address, and phone number of the party requesting the evaluation:

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

Signature: _____ Date: _____

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Columbiana County General Health District

Signature: _____ Title: _____ Date: _____