

Allen County Health Dept
219 E. Market St., P.O. Box 1503
Lima, Ohio 45802-1503

Telephone (419) 228-4457
FAX (419) 224-4161

APPLICATION FOR PRIVATE SEWAGE AND/OR WATER SYSTEM INSPECTION REPORT(S)

The following inspection, tests and records check are requested:

_____ Private Sewage System Inspection Report \$ 150.00
_____ Private Water System Water Sample Report \$ 45.00
_____ Total Coliform Bacteria \$ 45.00
_____ Package Price Includes Total Coliform Bacteria, Lead, Nitrate
and Nitrite \$ 85.00

OWNERS NAME: _____ PHONE # _____

SITE ADDRESS: _____ Twp. _____

LOCATION: N E S W of _____ ROAD/STREET

N E S W FROM _____ ROAD/STREET INTERSECTION

*****NOTE: SEPTIC TANK LID AND DIVERSION BOX LID MUST BE UNCOVERED BEFORE AN INSPECTION CAN BE MADE.**

ARE SEPTIC SYSTEM LIDS UNCOVERED? () YES () NO

TYPE OF SEWAGE SYSTEM: () SEPTIC TANK () SEPTIC TANK/TILE FIELD () OTHER _____
() SEPTIC TANK/SANDFILTER () AERATION SYSTEM

SEWAGE SYSTEM IS LOCATED ON N E S W SIDE OF HOUSE AND _____ FEET FROM HOME.

LOCATION OF THE OUTSIDE HOSE FAUCETS: () FRONT () REAR () SIDE () NONE

OWNER'S ADDRESS: _____

AGENT OR PERSON REQUESTING INSPECTION(S): _____

REAL ESTATE COMPANY REQUESTING INSPECTION(S): _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE # _____

DATE REQUEST MADE: _____

() CASH () CHECK# _____ RECEIPT# _____