



## **APPLICATION FOR SEWAGE / WATER SYSTEM EVALUATION**

I hereby request the following inspection, tests, and records check to be conducted by the Auglaize County Health Department.

### Sewage:

\_\_\_\_\_ Private sewage system evaluation/report \$50.00

### Water testing options:

\_\_\_\_\_ Private water system evaluation with standard Coliform bacterial test \$40.00

\_\_\_\_\_ New FHA water test package (Lead, Coliform, Nitrates, Nitrites, and combination) \$111.00

**The home must be serviced by electricity in order to pull the water sample. Please make sure the electric has not been shut off.**

**The septic tank needs to have a lid(s) accessible so that the tank can be inspected. Do not schedule the inspection until lids are uncovered or accessible.**

Signature of Owner / Agent \_\_\_\_\_ Date \_\_\_\_\_

### Information on the home:

Owner's name \_\_\_\_\_ Phone \_\_\_\_\_

Property Address \_\_\_\_\_

Year the home was built \_\_\_\_\_ Owner when built \_\_\_\_\_

### Results

Send by (please pick one):      MAIL              FAX              EMAIL              PICK UP

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_