

VAN WERT COUNTY GENERAL HEALTH DISTRICT

1179 Westwood Dr., Suite 300, Van Wert, Ohio 45891

Phone: (419) 238-0808 Fax: (419) 238-9571 Email: vwchd@vanwertcountyhealth.org

Website: www.vanwertcountyhealth.org

Application for Evaluation of Existing Home Sewage System and/or Water Supply

SEND EVALUATION RESULTS TO:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

SERVICE(S) REQUESTED & FEES:

Septic Inspection \$125.00

Well* \$71.00

Additional Samples \$20.00

\$20.00

TOTAL ENCLOSED \$ _____

*The well inspection includes one total coliform water sample. Nitrate and Lead samples are offered for an additional \$20.00 per sample if taken during the same visit.

LOCATION OF REQUESTED EVALUATION:

Name _____

Address _____

City _____ State _____ Zip _____

PERSON TO CONTACT FOR ACCESS (IF NEEDED):

Name _____ Phone _____

The home is: occupied vacant Time period home has been vacant _____

Is the septic tank accessible from the surface of the ground? Yes No

(If not, the tank will need to be located and all lids uncovered to provide access prior to inspection date)

Is there an exterior spigot available for well water sampling? Yes No

X _____
Signature of person requesting evaluation Date

Call 419-238-0808, extension 108 if you need assistance completing this form.

Please return the completed application to:

Van Wert County Health Department
Environmental Health Division
1179 Westwood Dr., Suite 300
Van Wert, OH 45891

Please make check payable to:

Van Wert County Health Department

HEALTH DEPARTMENT USE ONLY

Date Received _____

Receipt# _____