



ERIE COUNTY GENERAL HEALTH DISTRICT

420 SUPERIOR STREET
SANDUSKY, OHIO 44870
(419) 626-5623

\$200	Fee (payable to Erie County Health Dept)*
_____	Rect. #
_____	Date

***No personal checks.**

EXISTING HOME SEWAGE SYSTEM SURVEY APPLICATION

Location of requested inspection:

Person responsible for providing access to property:

_____ Address

_____ Name

_____ Township City

_____ Address

_____ Occupant's Name

_____ City State Zip

MAIL, FAX, E-MAIL RESULTS TO: (circle all that apply)

_____ Phone where available

_____ Name

The opinion given is rendered without knowledge of some of the individual parts of the home sewage and water systems and applies only to the date and time the opinion is made. Therefore this opinion does not guarantee the future performance of either the home sewage or water system.

_____ Address

_____ City State Zip

_____ Phone Number

_____ Fax

_____ Email

Signature of Applicant

Date



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Questions for current homeowner:

1. Year Home was built _____
2. Are you the original owner of the home? ____ YES ____ NO
If no, name of original owner if known _____
3. Approximate age of sewage treatment system _____
4. Has the septic tank been pumped out within the last 3 years? ____ YES ____ NO
5. Is the septic tank lid to grade? ____ YES ____ NO
If no, then the lid must be made accessible prior to the inspection
6. Is the home currently occupied? ____ YES ____ NO
If no, then how long has the home been vacant _____