

NO: _____

**SANDUSKY COUNTY HEALTH DEPARTMENT
2000 COUNTRYSIDE DRIVE
FREMONT, OHIO 43420
(419) 334-6377 FAX (419) 334-6380**

**REQUEST FOR EVALUATION OF
AN EXISTING HOME SEWAGE DISPOSAL SYSTEM
AND WATER SUPPLY**

PART I: APPLICATION

DATE RECEIVED:

APPLICANT INFORMATION:

Name:
Address:
Phone:
Contact Person for Inspection:

EVALUATION REQUEST:

<input type="checkbox"/>	Sewage Disposal System
<input type="checkbox"/>	Water Supply and Nitrate
<input type="checkbox"/>	Bact. Testing
<input type="checkbox"/>	Lead
<input type="checkbox"/>	Nitrate
<input type="checkbox"/>	

OWNER PROPERTY:

Name:
Address:

LOCATION OF PROPERTY:

Address:
Township:
Current Occupant:

MAIL REPORT TO:

Name:
Address:
Phone:
FAX Number:

ADDITIONAL INFORMATION:

Approximate Age of Home:

Approximate Age of Sewage Disposal System:

Approximate Age of Well:

Name of Original Owner When System/s were Installed:

Name of Contractor of Installer/Driller if know: