

NO: \_\_\_\_\_

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

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

**PART I: APPLICATION**

**DATE RECEIVED: April 14, 2003**

**APPLICANT INFORMATION:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Contact Person for Inspection:** \_\_\_\_\_

**EVALUATION REQUEST:**

Sewage Disposal System

Water Supply and Nitrate

Bacterial Testing

Chemical Testing

**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: Public:** \_\_\_\_\_

**Approximate Age of Well:** \_\_\_\_\_

**Name of Original Owner When System/s were Installed:** \_\_\_\_\_

**Name of Contractor of Installer/Driller, if know:** \_\_\_\_\_