



ERIE COUNTY GENERAL HEALTH DISTRICT

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

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

EXISTING HOME SEWAGE SYSTEM SURVEY APPLICATION

Location of requested inspection:

Address

Township

City

Occupant's Name

Person responsible for providing access to property:

Name

Address

City

State

Zip

Phone where available

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

Name

Address

City

State

Zip

Phone Number

Fax

Email

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.

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 _____