



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:

Address

Township City

Occupant's Name

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

Name

Address

City State Zip

Phone Number

Fax

Email

Person responsible for providing access to property:

Name

Address

City State Zip

Phone where available

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 _____