



Public Health
Prevent. Promote. Protect.
MORGAN COUNTY HEALTH DEPT.

Morgan County Health Department
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McConnelsville, OH 43756
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EVALUATION OF EXISTING HOME WATER & SEWAGE SYSTEMS

Part 1 – To Be Completed by Applicants

Inspection Requested: [] Water \$85 includes lab testing [] Sewage \$125 Closing Date: _____

LOCATION OF REQUESTED INSPECTION

Name

Phone

Address

Township

City

Zip Code

PERSON RESPONSIBLE FOR PROVIDING ACCESS TO PROPERTY

Name

Phone

Address

City, State, Zip Code

INFORMATION NEEDED ON HOME SEWAGE SYSTEMS

Pumping record within previous 5 years must be provided-if unable to provide a record, system must be pumped prior to inspection

Type of Septic System: [] Regular [] Aerator [] Other _____

Does Your System Have Risers: [] Yes [] No Year Installed: _____

Location of the System: _____

Last Date Tank Pumped: _____ Pumper: _____

INFORMATION NEEDED ON WATER SYSTEMS

Entry to home is needed to obtain sample

Type of Water System: [] Well [] Cistern [] Dug Well [] Spring [] City _____

Complete Directions to Property: _____

I hereby give consent to inspect the Home Sewage and/or Water System on the above property.

Property Owner's Signature

Date

Realtor/Representative

Phone