



EVALUATION OF EXISTING HOME WATER & SEWAGE SYSTEMS

Part 1 – To Be Completed by Applicants

Inspection Requested: [] Water \$85 includes lab testing [] Sewage \$125 [] NPDES \$150 includes lab testing

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