

Real-Estate Inspection No. # _____

Perry County Health Department
212 South Main Street
P.O. Box 230
New Lexington, OH 43764
www.perryhealth.com
P: (740)342-5179 F: (740)342-5540
Real-Estate Inspection Application

*The following items are required to accompany this application:

1. Application filled out completely.
2. Application fee of \$65.00 for Septic or \$50.00 for Water (checks payable to the above name)
3. Septic must be uncovered at the inlet and outlet baffles for inspection to occur.

Application Type: Septic _____ Water _____ Both _____
Name: _____ Property Owner: _____
Current Mailing Address: _____
City: _____ State: _____ Zip _____
Phone: () _____ Cell: () _____

PROPERTY INFORMATION:

Location Address: _____
City: _____ State: _____ Zip: _____ Section: _____
Township: _____ Amount of Useable Ground in acres: _____

BUILDING INFORMATION:

| | |
|---|-------|
| House currently occupied? | Y/N |
| Age of house or year sewage system was installed? | _____ |
| Tank Last Pumped? | _____ |
| Name of Original Owner? | _____ |
| Distance Between sewage system and well? | _____ |
| Distance of well to property line? | _____ |
| Distance from sewage system and property line? | _____ |

As an applicant, I declare the information provided is, to the best of my knowledge, true accurate and understand:

ALL FEES ARE NON-REFUNDABLE

Applicants Signature: _____ Date: _____

Approved _____ Disapproved _____

Inspecting Sanitarian: _____ Date: _____

Date of Application: _____ Cash: _____ Check _____ Receipt#: _____ Received By: _____