

**Perry County Health Department  
212 South Main Street  
New Lexington, OH 43764  
(740) 342-5179**

EVALUATION OF EXISTING HOME SEWAGE SYSTEM AND WATER SUPPLY  
APPLICATION FEE IS **REQUIRED** PRIOR TO INSPECTION BEING MADE  
APPLICATION FEE  
**SEWAGE: \$ 100.00**  
**WATER: \$ 50.00**

\*\*\*\***ALL FEES ARE NON-REFUNDABLE**  
\*\*\*\***ESTIMATED TIMELINE OF INSPECTION: MINIMUM OF TWO (2) WEEKS**  
\*\*\*\***SEPTIC TANK MUST BE UNCOVERED @ THE INLET AND OUTLET BAFFLES FOR INSPECTION TO OCCUR**

PART I. Applicant: Complete as much as possible  
What is required ? Water\_\_\_\_\_ Sewage\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Township: \_\_\_\_\_ Section \_\_\_\_\_ City \_\_\_\_\_

**PERSON RESPONSIBLE FOR PROVIDING ACCESS TO PROPERTY**

NAME: \_\_\_\_\_

PHONE \_\_\_\_\_

PHONE WHERE AVAILABLE 8:00-9:30 A.M. \_\_\_\_\_

**General Information:**

Is house occupied \_\_\_\_\_ vacant \_\_\_\_\_ How long? \_\_\_\_\_

Age of house or year sewage system installed \_\_\_\_\_ Distance between sewage system & well \_\_\_\_\_

Tank last pumped \_\_\_\_\_ Distance from well to property line \_\_\_\_\_

Name of original owner \_\_\_\_\_ Distance from sewage system and property line \_\_\_\_\_

Is electricity on and water available at taps ? \_\_\_\_\_

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**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**SYSTEMSUMMARY** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If at any time in the future a public nuisance is created by this system, then the proper correction deemed by this department will be necessary.

APPROVED \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

SANITARIAN \_\_\_\_\_

DATE: \_\_\_\_\_

\*\*When a septic system is approved, the Health Department cannot guarantee from their inspection that the system will continue to function, as this is controlled by the absorption rate of the soil and water table.