



FULTON COUNTY HEALTH DEPARTMENT

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SA # _____
(Office use)

APPLICATION FOR WATER AND SEWAGE DISPOSAL SYSTEMS REPORT

_____ Person/Agency Requesting Inspection

_____ Mailing Address

_____ Telephone Number

I am requesting an inspection and giving authorization to conduct such an inspection on the following property:

Address: _____

Name of Homeowner(s) _____

Phone Number: Home _____ Work _____

Someone is _____ is not _____ living in the home and available to provide entry for investigation and sample.

For assistance to gain entry for inspection:

Contact Person _____ Home # _____ Work # _____

Previous Owners:

1) _____ 2) _____ 3) _____

If applicable, when was the septic tank most recently pumped out (cleaned)? _____

What septage hauler provided this service? _____

- Option One: Sewage and Water Inspection \$315.00
- Option Two: Water Inspection **or** Sewage Inspection (circle one) \$150.00
- Option Three: Isolation Distances \$65.00
- Option Four: For VA, FHA Loans / Additional Water Tests \$149.00 (could total this amount)

Enclosed is our check in the amount of \$ _____ to cover the cost of the requested service.

_____ Date

_____ Signature of person or agency requesting inspection