



# 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 \$300.00
- 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 \$182.00 (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