



**REQUEST FOR HOME LOAN EVALUATION OF WELL  
AND/OR SEWAGE SYSTEM**

*Please Complete this form, sign, and submit along with a check or money order.*

- \$120.00 Home Sewage Evaluation
- \$100.00 Home Private Water Evaluation
- \$190.00 Home Sewage and Private Water System Evaluation
- \$50.00 Additional Samples on Same Visit OR Expedite Fee

**TO BE COMPLETED BY THE APPLICANT**

Property Address to be tested: _____ _____ _____	Lender: _____  Parcel Number: _____
Purchaser:  Fax or E-mail: Phone:	Property Owner:  Fax or E-mail: Phone:
Real Estate Agent:  Phone Number:	Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Directions to the property: _____	
Subdivision Name: _____ Section: _____ Lot No: _____	

Multi-living units	Number of Bedrooms	Water Supply	Sewage Disposal	Dwelling occupied for last 30 days?	Basement	Dwelling	
						Year Built:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Public <input type="checkbox"/> Private*	<input type="checkbox"/> Public <input type="checkbox"/> Private*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New <input type="checkbox"/> Existing	

\*If private septic system, permit number: \_\_\_\_\_ and approximate date system was installed: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**HARRISON COUNTY**  
Public Health

Harrison County General Health District  
538 North Main Street – Suite G  
Cadiz, OH 43907-1282  
Phone: (740) 942-2616 – Fax: (740) 942-9331  
HealthDepartment@harrisoncountyohio.org

**TO BE COMPLETED BY THE HEALTH DEPARTMENT SANITARIAN**

**Water Supply:**  Drilled Well  Dug Well  Cistern  Spring  Public Water  Other: \_\_\_\_\_  
 Installed under permit:  Yes  No  
 Disinfection System:  Yes  No Type: \_\_\_\_\_  
 Permit Number: \_\_\_\_\_  
 Meets minimum physical design requirements:  Yes  No  Cannot be determined.  
 Bacteriological sample collected:  Yes  No Date inspected/sampled: \_\_\_\_\_  
 Bacteriological sample results:  Satisfactory  Unsatisfactory  
 Laboratory sample number: \_\_\_\_\_

*NOTE: Inspection and sampling does not address chemical contamination, mineral concerns, or yield of supply.*

**The water supply was found to be:**  Satisfactory  Unsatisfactory as a potable water supply.

**Sewage Disposal System:** Type: \_\_\_\_\_

Sewage system installed under a permit:  Yes  No Permit Number: \_\_\_\_\_  
 System met the minimum design standards at the time of installation:  Yes  No  
 Date of installation inspection: \_\_\_\_\_ Date of dye test: \_\_\_\_\_ Dye observed:  Yes  No  
 The design loading (bedrooms) of the facility remains within the minimum standards as originally sized:  
 Yes  No

**The sewage disposal system:**

- Appears to be Functioning**
- Appears to be Not Functioning**
- Could not be determined satisfactorily at the time of the evaluation**

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sanitarian: \_\_\_\_\_ Date: \_\_\_\_\_