



Environmental Health Division

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McArthur, OH 45651

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**HOME LOAN INSPECTION
WATER AND SEWAGE INSPECTION REPORT**

PROPERTY OWNER: _____ DATE: _____

ADDRESS: _____

MAIL TO: _____

PHONE: _____

HOME/PROPERTY TO BE EVALUATED (please specify what you would like evaluated):

WATER SAMPLE NEEDED: _____ Yes _____ No

NUMBER OF BEDROOMS: _____ LOT SIZE: _____

TYPE OF SEWAGE DISPOSAL SYSTEM: _____ DATE INSTALLED: _____

NAME OF OWNER WHEN SEPTIC SYSTEM WAS INSTALLED: _____

I understand that the results of this inspection will be based upon the findings and daily flows at the date of inspection. It will be based upon the information that I have given on this application. The Health Department does not warrant or guarantee that the home sewage system will not develop future problems and this report does not make any representation as to the future functioning of the system. If in the future, the system fails or if it is currently creating a public health nuisance, then it will be necessary to have it improved to current standards. If the home is vacant at the time of the inspection, only observations of the system can be made and functionality will not be determined.

SIGNATURE _____

PLAT ATTACHED? _____

SEPTIC TANK LID/DISTRIBUTION BOX EXPOSED? _____

Fee: _____ \$200.00 _____ Date Paid: _____ Receipt #: _____

Paid By: _____

WATER SAMPLE DATE: _____ RESULTS: _____

ISOLATION DISTANCES MET: _____

CORRECTIVE ACTIONS FOR WATER SYSTEM _____

SEWAGE LAYOUT ATTACHED _____ DYE TEST _____

ISOLATION DISTANCES MET: _____

RECOMMENDATIONS OR CORRECTIVE ACTIONS:

NOTES:

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INSPECTED BY _____

R.S. _____ DATE INSPECTED _____