



31927 State Route 93  
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: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Paid By: \_\_\_\_\_

WATER SAMPLE DATE \_\_\_\_\_ RESULTS \_\_\_\_\_

ISOLATION DISTANCES MET \_\_\_\_\_

CORRECTIVE ACTIONS FOR WATER SYSTEM \_\_\_\_\_

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SEWAGE LAYOUT ATTACHED \_\_\_\_\_ DYE TEST \_\_\_\_\_

ISOLATION DISTANCES MET \_\_\_\_\_

RECOMMENDATIONS OR CORRECTIVE ACTIONS:

NOTES:

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INSPECTED BY \_\_\_\_\_

R.S. \_\_\_\_\_ DATE INSPECTED \_\_\_\_\_