



Seneca County General Health District
 92 E. Perry St., Tiffin OH 44883
 Phone: (419) 447-3691
 Fax: (419) 448-5782
 401 Kirk St., Fostoria OH 44830
 Phone: (419) 435-4401
www.senecahealthdept.org

Application for Real Estate Inspection

This application, upon completion and remittance of the proper fee(s), authorizes the Seneca County General Health District (SCGHD) to perform an inspection of the private water and/or sewage system on the property listed below.

Applicant: _____ Phone: _____ Email: _____
 Current owner: _____ Phone: _____ Email: _____
 Property Address: _____ City: _____

- 1. Is the home currently occupied? Yes No
- 2. Any additional bathrooms located in outbuildings? Yes No
- 3. Does home have a basement? Yes No

NOTE: The inspection cannot be completed by this department if any of the following conditions exist:

- 1. No one is present at the home to provide access to the property.
- 2. DO NOT pump tank within 30 days prior of inspection
- 3. Lids to septic tank or distribution box are not accessible.

Inspection fees:

<input type="checkbox"/> Private Water System(PWS)			
<input type="checkbox"/> Well inspection- w/ Total coliform/E.coli	\$63		_____
<u>Additional water test</u>			
<input type="checkbox"/> Lead	\$12		_____
<input type="checkbox"/> Nitrate	\$15		_____
<input type="checkbox"/> Nitrite	\$15		_____
<input type="checkbox"/> Nitrate/Nitrite combined	\$15		_____

Rush Fee is 2X sample fee (Normal report time is 10 days for Lead, Nitrite, and Nitrate)

WATER TOTAL _____

<input type="checkbox"/> Private Sewage Treatment System Inspection	\$95	_____
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Re-inspection \$50

TOTAL AMOUNT DUE: _____

Submit final report to:

Name: _____ Agency: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Email: _____ Fax: _____

Note: Please allow 2 weeks for the completion of this inspection/report

OFFICE USE ONLY:

Date paid: _____ Receipt # _____ Appointment date _____ Time: _____