



# VAN WERT COUNTY GENERAL HEALTH DISTRICT

1179 Westwood Dr., Suite 300, Van Wert, Ohio 45891 (419) 238-0808

vwchd@vanwertcountyhealth.org www.vanwertcountyhealth.org

## Application for Evaluation of Existing Home Sewage System and/or Water Supply

### SEND EVALUATION RESULTS TO:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

### SERVICE(S) REQUESTED & FEES:

Septic Inspection  \$150.00  
Well\*  \$100.00  
Additional Samples \_\_\_\_\_  \$28.00  
\_\_\_\_\_  \$28.00

**TOTAL ENCLOSED \$ \_\_\_\_\_**

\*The well inspection includes one total coliform water sample. **Nitrate** and **Lead** samples are offered for an additional \$28.00 per sample if taken during the same visit.

### LOCATION OF REQUESTED EVALUATION:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PERSON TO CONTACT FOR ACCESS (IF NEEDED):

Name \_\_\_\_\_ Phone \_\_\_\_\_

The home is:  occupied  vacant Time period home has been vacant \_\_\_\_\_

Is the septic tank accessible from the surface of the ground?  Yes  No  
**(If not, the tank will need to be located and all lids uncovered to provide access prior to inspection date. The Health Department may request assistance in removing lids from tanks.)**

Is there an exterior spigot available for well water sampling?  Yes  No

X \_\_\_\_\_  
**Signature of person requesting evaluation** **Date**

Call 419-238-0808, extension 105 if you need assistance completing this form.

Please return the completed application to:  
Van Wert County Health Department  
Environmental Health Division  
1179 Westwood Dr., Suite 300  
Van Wert, OH 45891

Please make check payable to:  
Van Wert County Health Department

### HEALTH DEPARTMENT USE ONLY

Date Received \_\_\_\_\_ Receipt# \_\_\_\_\_