



1179 Westwood Drive, Suite 300  
Van Wert, Ohio 45891

**Van Wert County**  
General Health District

419-238-0808 Fax 419-238-9571  
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# \_\_\_\_\_

*"Our mission is to promote and to protect the health and well-being of the community!"  
"Equal Opportunity Employer/Provider"*