

# Crawford County General Health District

130 N. Walnut St.  
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Bucyrus, Ohio 44820

W. Scott Kibler, MA, FACHE  
Health Commissioner

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## APPLICATION FOR PRIVATE SEWAGE AND/OR WATER SUPPLY INSPECTION & REPORT

### Location to be evaluated:

Address: \_\_\_\_\_ Twp: \_\_\_\_\_  
Owners name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Results to be mailed to:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

### Person providing access to property:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

### PLEASE SUPPLY THE FOLLOWING INFORMATION

Original property owner and any other owners: \_\_\_\_\_

Year sewage system installed: \_\_\_\_\_ Year dwelling constructed: \_\_\_\_\_

General location of septic system: \_\_\_\_\_

*(Septic tank must be made accessible at time of inspection so it can be thoroughly inspected.)*

Year the septic tank was last pumped: \_\_\_\_\_

Is the dwelling currently occupied? Y or N If yes, # of occupants: \_\_\_\_\_

If no, how long has dwelling been vacant? \_\_\_\_\_ (greater than 30 days we cannot do an inspection)

Number of bedrooms in house: \_\_\_\_\_

I hereby request the following inspections, tests, and records check be conducted by the Crawford County General Health District. Please make checks payable to: Crawford County General Health District.

\_\_\_\_\_ Private water system (includes one sample).....\$ 80.00

\_\_\_\_\_ Private sewage system .....\$100.00

\_\_\_\_\_ Water & sewage system..... \$180.00

*(If an additional water sample is required, a fee of \$40.00 per sample will be assessed.)*

**If no one is available at that time and a re-inspection is needed than a \$20.00 fee will be assessed.**

Facts contained in the inspection report are relevant to the date(s) of inspection. Any inspection finding of fact contained within the report does not guarantee the continued satisfactory operation of the private sewage disposal system or water system. **The inspection cannot and will not be evaluated by this department if any of the following conditions exist:**

1. No one is present to provide access to the property.
2. Excessive brush, grass, or groundcover exceeds 4" in height.
3. The septic tank(s) has been pumped within the last 30 days.
4. The tank and any other pertinent components of the septic system are not uncovered.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date