**SEWAGE AND WATER EVALUATION REQUEST FORM**

For the purpose of a real estate transaction, I hereby request the following services from the Pickaway County General Health District: **Call 740-477-9667 ext. 225 for fees for Inspections**.

\_\_\_\_ **Sewage System Evaluation** – Dye test conducted at PCGHD’s discretion.

\_\_\_\_ **Water System Evaluation -** (Includes (1) Total Coliform Water Sample and Inspection of system) All other water samples will be an additional cost, including follow-up water samples. Please contact our office for fees for additional water samples.

The fee(s) is **NOT** refundable once the Sanitarian has been out to the property. All fee(s) can be added to the closing cost or are due within 30 days, whichever occurs sooner.

Address to be inspected:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_ Twp:\_\_\_\_\_\_\_\_\_\_

Is home vacant? \_\_\_\_\_ If yes, How long? \_\_\_\_\_\_\_\_Original Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_

Seller’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seller’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Real Estate Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agent/Buyer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agent/Buyers Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address where report will be sent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this written request must be received in the Health Department’s office **AT LEAST 7 WORKING DAYS IN ADVANCE** of the date desired. Evaluations by the Pickaway County General Health District of water systems and sewage systems apply only to the date and time that the inspections were conducted. The inspections do **not** guarantee the future performance of the water supply or sewage disposal system. Furthermore, the Board of Health will issue orders for the system repairs or replacement when the current system is found to be creating a nuisance or poses a potential health hazard**.**

Water system evaluations are conducted only on **Wednesdays** **between 1:00 PM and 4:00 PM**. It will be necessary for the Sanitarian to enter the house for all inspections and will need to meet the homeowner, buyer, or agent at the property to allow entry. If the home is vacant and a person is not able to meet the sanitarian at the home a key can be dropped off by our office on the day of the evaluation no later than 9:00 am. **Please allow 5 working days for results for all evaluations.**

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Current Owner / Agent Date