

SANDUSKY COUNTY PUBLIC HEALTH  
2000 COUNTRYSIDE DRIVE  
FREMONT, OHIO 43420  
419-334-6377 FAX: 419-334-6380

**REQUEST FOR EVALUATION OF AN EXISTING HOME SEWAGE TREATMENT SYSTEM AND/OR WATER SUPPLY**

DATE RECEIVED \_\_\_\_\_

APPOINTMENT DATE \_\_\_\_\_

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact person to meet at property:

\_\_\_\_\_

*Name*

*Phone Number*

**PROPERTY INFORMATION:**

Name of Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_

Township: \_\_\_\_\_

Current occupant: \_\_\_\_\_

**EVALUATION REQUESTED:**

Sewage Treatment System  
\$350.00

Water Supply (includes bacteria  
testing and nitrate/nitrite  
screening)  
\$145.00

Bacteria testing only  
\$145.00

Chemical Testing:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

**MAIL REPORT TO:**

Applicant address: \_\_\_\_\_

Property address: \_\_\_\_\_

Other: Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

FAX: \_\_\_\_\_

Email: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Age of house: \_\_\_\_\_

Year that Sewage Treatment system was installed: \_\_\_\_\_

Year that well/water system installed: \_\_\_\_\_

Name of original owner when system/s were installed: \_\_\_\_\_

Name of installer/well driller: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REV 11/2020

