



REQUEST FORM FOR PRIVATE SEWAGE AND/OR PRIVATE WATER SYSTEM  
OFFICIAL INSPECTION AND REPORT

Current Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

City/Township: \_\_\_\_\_

I hereby request the following inspection, tests and records check be conducted by your agency:

- \_\_\_\_\_ Both private water and sewage inspection/report \$375.00
- \_\_\_\_\_ Only private sewage system inspection/report \$200.00
- \_\_\_\_\_ Only private water supply inspection/report \$200.00  
(RESAMPLES FOR BACTERIA TESTS) \$ 60.00

Please make check payable to OTTAWA COUNTY HEALTH DEPARTMENT for the proper amount. (This Application Fee is Non-Refundable and Non-Transferable)

Further, being the owner of the above stated property and having requested, paid for and fully consented to all necessary inspections and reports, I hereby give complete authority to release any such report to the person(s) and/or agents I have listed on the reverse side of this page. I am fully aware that they may be viewed and/or copied by any person requesting same. Furthermore, I waive any and all claims I may have against the Ottawa County General Health District, its agent or employees, that may result from the release of such information.

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date

PLEASE FILL IN THE INFORMATION REQUESTED ON THE REVERSE SIDE. It is important to supply as much information as possible to accelerate the inspection process.

(Office use only)

Date	Fee	Rcpt.	Check No.
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Equal Opportunity Employer

Name of Contact person for access to home: \_\_\_\_\_

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

Year home built: \_\_\_\_\_ Year Current Owner purchased home: \_\_\_\_\_

Original Owner: \_\_\_\_\_

Sewage system permit number: \_\_\_\_\_

Name of owner, when last sold \_\_\_\_\_

Is house occupied? \_\_\_\_\_ Vacant? \_\_\_\_\_ (If vacant, how long? \_\_\_\_\_)

Was the sewage system pumped out within the last three (3) years? \_\_\_\_\_

If Yes, date \_\_\_\_\_ Name of pumper \_\_\_\_\_ (include receipt)

Type of water Supply (Circle one): Well Cistern Pond Municipal

Send report to:

1. Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Attention:

\_\_\_\_\_

2. Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Attention:

\_\_\_\_\_