

Environmental Health and Emergency Preparedness

560 Rice Drive West Union, Ohio 45693

Phone: (937) 544-5547 extension 115

Fax: (937) 544-3035

tfowler@adamscountyhealth.org

HOUSEHOLD SEWAGE TREATMENT SYSTEM LOAN EVALUATION APPLICATION

Property Address:		
Seller's Name:	Phone #:	
Address:		
Buyer's Name:	Phone #:	
Address:		
Realtor Name:	Phone#:	
Closing Date:	Fax #:	
Age of Home:	Year of Septic System Installation:	
Number of Bedrooms:	Number of Bathrooms:	
Has the Septic System been repai	red at any time?	
Reason for Repair:		
two weeks from the date submitted for tl	e or transferrable after the application has been submitted. Please allow for up ne inspection and report to be completed. All inspections will be completed during Maintenance permit of varying lengths of time will be issued for systems fou 3701-29.	'nς
conducted. The inspection does not gua	County Health Department applies only to the date and time of the evaluation warantee the future operational performance of the household sewage treatment expectation that the septic system will not be loaded beyond its designed rill be performed.	as
	will issue orders for the septic system to be repaired or replaced when the curre ealth nuisance or that pose a public health hazard.	nt
I have read, understand and ag information submitted is true a	ree to the conditions as stated on this form and that all nd correct.	
Signature	Date	

Together We Care!