

**REAL ESTATE INSPECTION OF EXISTING HOME WATER & SEWAGE SYSTEMS**

Morgan County Health Department, 4275 N. St.Rt. 376 NW, McConnelsville, OH 43756

Phone: (740) 962-4572 Fax: (740) 962- 3271

**PART 1 – to Be Completed By Applicants**

FEE-\$100.00

Inspection Requested: [ ] Water (Sample taken \$75.00 additional) [ ] Sewage

Closing Date: \_\_\_/\_\_\_/\_\_\_\_\_

**LOCATION OF REQUESTED INSPECTION**

NAME	PHONE
ADDRESS	TOWNSHIP
CITY	ZIP

**PERSON RESPONSIBLE FOR PROVIDING ACCESS TO PROPERTY**

NAME	PHONE
ADDRESS	CITY, STATE, ZIP

**INFORMATION NEEDED ON HOME SEWAGE SYSTEMS**

Type of Septic System: [ ] Regular [ ] Aerator [ ] Other \_\_\_\_\_

Does it have risers: [ ] Yes [ ] No Year Installed: \_\_\_\_\_

Location of the System: \_\_\_\_\_

Last Date Tank Pumped: \_\_\_\_\_ Pumper: \_\_\_\_\_

**INFORMATION NEEDED ON WATER SYSTEM**

Type of Water System: [ ] Well [ ] Cistern [ ] Dug Well [ ] Spring [ ] City \_\_\_\_\_

Complete Directions to Property: \_\_\_\_\_

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I hereby give consent to inspect the Home Sewage System on the above Property.

Property Owner's Signature	Date
Realtor/Representative	Phone

Adopted 4/28/03

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Name

Date

**PART II – TO BE COMPLETED BY HEALTH DEPARTMENT INSPECTOR**

**1. Primary Treatment:**

< 1,000 Gal.       1,000 Gal.       1,500 Gal.       > 1,500 Gal.

Aeration System    Undetermined    Distance From Well

**2. Secondary Treatment**

Leach Field       Upflow Filter       Dry Well       Sandfilter

Chlorinator       Leach Pit       Observable Effluent Discharge

Condition of Effluent:  Clear    Cloudy    Brown    Black

Effluent Discharge Point: \_\_\_\_\_

Distance from Well: \_\_\_\_\_ Aeration Motor Running  Yes  No

**3. General Factors:**

At Time of Inspection House Was:  Occupied  Vacant    How Long: \_\_\_\_\_

Age of System: \_\_\_\_\_ Years    Original Permit # \_\_\_\_\_

**4. Comments Concerning System:**

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**5. From Health Department records and observations, it is my opinion that this Home Sewage System:**

is not creating a nuisance at this time. This system may be expected to continue operating in a similar manner with proper usage and regular maintenance.

does not appear to create a nuisance, however, see above comments.

is creating a nuisance and requires repair, obtain a permit.

**6. Water Results:**  Negative for Coliform Bacteria       Positive for Coliform Bacteria  
 System Approved       System Disapproved

The opinion given may be rendered without knowledge of some of the individual parts of the home sewage system and applies only to the date and time of the Inspection. Therefore, this opinion does NOT guarantee the future performance of either the home sewage or the water system.

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Sanitarian

Date

