



Huron County General Health District
 Environmental Division
 180 Milan Avenue, Suite 8, Norwalk, Ohio 44857
 419-668-1652 or toll-free in Huron County 1-888-694-2443
 HCGHD Website: www.huroncohealth.com

Date: _____

Applicant: _____

Phone: _____

**APPLICATION FOR PROPERTY TRANSFER AND/OR REFINANCE INSPECTIONS
 HOUSEHOLD SEWAGE SYSTEMS AND PRIVATE WATER SYSTEMS**

Current Property Owner: _____

Owner Mailing Address: _____ City/Zip _____

Township: _____ Property Address: _____

How many bedrooms in home: _____ List as many owners of this property as you can:

A. _____ B. _____ C. _____ D. _____

***The clean-out riser on the septic tank MUST be at the surface of the ground and accessible.
 The distribution box of the sewage system secondary treatment device MUST be at the
 surface of the ground and accessible. If you have any questions, contact this office.**

Someone must be available at site. Who will meet the sanitarian? _____

Location of property from the nearest road crossing (i.e. south side of US224, .3 mile east of Walnut):

Name/address where the completed inspection report is to be sent:

Name: _____ Phone: _____ Fax: _____

Address: _____ City, State: _____ Zip: _____

Inspection Fees Due Before Evaluation Will Be Scheduled

Personal checks must include a driver's license number or a social security number.

Water Sample & Report - \$50.00 *Sewage System Operational Inspection Report - \$150.00

Missed Appt/Re-inspection - \$35.00 Expedited Inspection & Report is an additional \$50.00

Water samples are taken Monday, Tuesday, and Wednesday. Results are received within 48 hours of sampling, but reports may take up to 72 hours. Evaluations are scheduled as soon as a sanitarian is available. This can be within several days from receipt of application; however, it may take up to two weeks.

Inspections for the sale or refinancing of property are a service of the Huron County General Health District.
 Note that the final report will not meet inspection requirements for FHA or VA loans.

RECEIPT # _____

DATE RECEIVED _____