



# Environmental Health

## Scott Schwinn R.S. County Sanitarian

### APPLICATION FOR EVALUATION OF WATER SUPPLY / SEWAGE DISPOSAL

#### Refinance/Seller Information

#### Buyer Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST \_\_\_\_\_  
Phone # \_\_\_\_\_  
Sellers Agent \_\_\_\_\_  
Agent Phone # \_\_\_\_\_  
Agent Fax # \_\_\_\_\_  
Closing Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Buyers Agent \_\_\_\_\_  
Agent Phone# \_\_\_\_\_

Report to be sent to:

\_\_\_\_\_  
\_\_\_\_\_

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

Lot size: \_\_\_\_\_ acres Parcel # \_\_\_\_\_

Is Dwelling currently occupied: YES NO if not How long Vacant \_\_\_\_\_

Bedrooms # \_\_\_\_\_ Bath # \_\_\_\_\_ Dishwasher \_\_\_\_\_ Garbage Disposal \_\_\_\_\_

Wastewater Information: Public Private

Date of Installation \_\_\_\_\_ Installer: \_\_\_\_\_

System Type: Lateral field Lagoon Alternative Other

Laundry wastewater discharged to: \_\_\_\_\_

Date tank last pumped: \_\_\_\_\_ By: \_\_\_\_\_

Are there any known deficiencies: Yes No If yes please explain

Water supply Information: Public Private

If Public, providers name: \_\_\_\_\_

Is Water supply: Drilled well Driven well Hand dug well Spring Other

Treatment: None Filter Water Softener Chlorinator Other

Has well been chlorinated in last Month Yes No

Are there any abandoned or unused wells on the property? If so please explain:

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I, \_\_\_\_\_, seller or (agent of seller) of the dwelling at the location described in this application do hereby certify that the above information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Seller or Agent