



Environmental Health

Scott Schwinn R.S. County Sanitarian

APPLICATION FOR EVALUATION OF WATER SUPPLY / SEWAGE DISPOSAL

Refinance/Seller Information

Name: _____
Address: _____
City, ST _____
Phone # _____
Sellers Agent _____
Agent Phone # _____
Agent Fax # _____
Closing Date: _____
Email: _____
Report to be sent to: _____

Buyer Information

Buyers Agent _____
Agent Phone# _____
Email: _____

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:

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