

Athens City-County Health Department

278 West Union St.
Athens, OH 45701
(740) 592-4431
FAX (740) 594-2370

HOUSEHOLD SEWAGE DISPOSAL SYSTEM INSPECTION APPLICATION

OWNER		PHONE NO.	
MAILING ADDRESS	CITY	STATE	ZIP
STREET ADDRESS OF INSPECTION		TOWNSHIP	SECTION
REALTOR / RESPONSIBLE PERSON		PHONE NO.	
ADDRESS			

PLEASE FILL OUT THE FOLLOWING INFORMATION:

- 1) **DOES THE SYSTEM HAVE A PERMIT? YES NO**
(PLEASE PROVIDE A COPY OF THE PERMIT OR SUBMIT THE FOLLOWING INFORMATION)

APPLICANTS NAME _____ DATE _____

- 3) **DOES THE SYSTEM HAVE ANY OF THE FOLLOWING COMPONENTS?**

- 4) **WHEN WAS THE TANK LAST PUMPED?**

- SEPTIC TANK _____ DATE _____
- AERATOR MOTOR
- LEACH FIELD OR TRENCHES
- DISCHARGE POINT
- OTHER *(PLEASE SPECIFY)* _____

THE FOLLOWING CRITICAL CONTROL POINTS NEED TO BE EXCAVATED AND/OR VISIBLE BEFORE INSPECTION:

- 1) **INLET / OUTLET BAFFLES ON TANK**
 - 2) **CONTROL PANELS / TIMER SWITCHES *(IF APPLICABLE)***
 - 3) **EFFLUENT DISCHARGE POINTS *(IF APPLICABLE)***
- *AVAILABLE WATER AND ACCESS TO HOUSE DRAINS MUST BE AVAILABLE TO INSPECTOR*
 - *A \$50.00 SERVICE FEE WILL BE REQUIRED FOR EACH INSPECTION*
 - *PLEASE INCLUDE A SITE MAP ON BACK OF APPLICATION (SEE DIRECTIONS ON BACK)*

APPLICANTS SIGNATURE	DATE
----------------------	------

PLEASE DRAW A SITE MAP OF THE PROPERTY IN RELATION TO THE FOLLOWING STRUCTURES:

- 1) SEPTIC SYSTEM
- 2) PRIVATE WATER SYSTEM (WELL, CISTERN, SPRING)
- 3) PROPERTY LINES
- 4) EXTERIOR BUILDINGS (BARN, GARAGE, ETC.)

