Jefferson County General Health District

500 Market Street • Seventh Floor • Steubenville, Ohio 43952 • (740) 283-8535

REQUEST FOR INDIVIDUAL ON-SITE WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM EVALUATION

FEES:

Lead - $77.00
F.H.A. Loan - Water/Lead/Nitrate/Nitrite – $135.00
F.H.A. Loan - Water & Sewage/Lead/Nitrate/Nitrite – $160.00
Water and Sewage - $100.00
Sewage - $75.00
Water - $75.00

TO BE COMPLETED BY LENDING AGENCY

Lending Agency | Address | Phone No.

Purchaser | Property Owner

Address | Address

Phone No. | Phone No.

Detailed Directions for Locating Property: (Be Specific)

Multi-Living Units	Number Bedrooms	Number Baths	Dishwasher	Garbage Disposal	Basement	Dwelling
( ) Yes ( ) No			( ) Yes ( ) No	( ) Yes ( ) No	( ) Yes ( ) No	( ) New ( ) Existing

TO BE COMPLETED BY HEALTH DEPARTMENT SANITARIAN

WATER SUPPLY

Type: ( ) Drilled Well ( ) Dug Well ( ) Cistern ( ) Spring ( ) Other _____
( ) Yes ( ) No Meets minimum design standards. Date Inspected _____
( ) Yes ( ) No Bacteriological water sample collected. Date _____
( ) Yes ( ) No Private water system installed under permit. Permit No. _____
Results: ( ) Satisfactory ( ) Unsatisfactory Laboratory Sample No. _____

SEWAGE DISPOSAL SYSTEM

Sewage system installed under permit? ( ) Yes ( ) No Permit No. _____
Date of original inspection _____ Date dye test conducted _____ ( ) Positive ( ) Negative

If sewage disposal system was not installed under permit, complete the following:

System meets minimum design standards ( ) Yes ( ) No
Are you aware of any sewage disposal problems in the neighborhood? ( ) Yes ( ) No
Is lot size adequate for the system to be modified or a new system installed? ( ) Yes ( ) No
Was house vacant at the time of inspection? ( ) Yes ( ) No

WATER SUPPLY IS:
( ) Satisfactory as a water supply for the subject property
( ) Not satisfactory as a water supply for the subject property

SEWAGE DISPOSAL SYSTEM:
( ) Functioning satisfactorily at the time of evaluation
( ) Not functioning satisfactorily at time of evaluation

Remarks:

Loan Evaluation No.

Date

Date | Sanitarian | Receipt No.