

WATER SAMPLING/SEWAGE TREATMENT SYSTEM EVALUATION APPLICATION

PROPERTY TO BE INSPECTED:

I hereby request the following services from Columbus Public Health:
(Fees for these services are nonrefundable. All checks must be made payable to the **Columbus City Treasurer**)

- Private/Public water sample \$45.00 per sample
- Sewage Treatment System Evaluation \$150.00 per system

ADDRESS TO BE INSPECTED: _____

CONTACT PERSON FOR ACCESS: _____ PHONE#: (____) _____

PERSON TO WHOM FINAL REPORTS ARE TO MAILED:

Name: _____ Phone#: (____) _____

Address/City/State/Zip Code: _____

Fax to (____) _____ E-mail to: _____

FOR PROPERTY SALES OR TRANSFER, PLEASE COMPLETE THE FOLLOWING:

PID# _____ Home vacant: NO YES If yes, how long: _____

SELLER NAME: _____ Phone#: (____) _____

Address/City/State/Zip: _____

BUYER NAME: _____ Phone#: (____) _____

Address/City/State/Zip: _____

Water samples will be collected between 8:00AM to 12:00 Noon, Monday through Thursday only. Sewage Treatment Systems will be evaluated between 8:00AM and 4:00PM weekdays only.

The above services rendered by Columbus Public Health will only apply to the date and time that the evaluations were performed. The evaluation does not guarantee to the future performance of the water supply system or the sewage treatment system. Evaluations are also rendered with the expectation that the sewage treatment system will not be loaded beyond the design capacity and that routine maintenance will be performed.

In some areas, buyers and sellers have agreed to place sufficient monies in escrow for system repair to allow closing when weather or other factors have caused delays. Contact your real estate agent, banker, or attorney for further information on establishing an escrow account. A licensed contractor should be contacted for estimates on the repair/replacement prices. Columbus Public Health will issue orders for system repair or replacement when the current system is found to be creating a nuisance or poses a potential health hazard.

SIGNATURE:

I HAVE READ, UNDERSTAND, AND AGREE TO THE CONDITIONS STATED ON THIS APPLICATION:

Signature of person or agent for responsible party making request (____) _____ Date of request
Phone number

NO EVALUATION(S) WILL BE CONDUCTED WITHOUT A SIGNATURE ON THIS APPLICATION AND PAYMENT IN FULL.

Return completed form with payment to: Columbus Public Health, Water Protection Program
240 Parsons Ave Columbus OH 43215-5331

Revised: 7/15