Henry& Stark County Health Department
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PRIVATE SEWAGE DISPOSAL SYSTEM AND WATER WELL LOAN EVALUATION REQUEST

Incomplete Applications Will Be Returned:-

☐ Henry County ☐ Stark County

Type of Evaluation: ☐ Septic & Well ☐ Septic Only ☐ Well Only

Current Owners Name: _____

Current Owners Phone #: _____

Property Address: _____
(Street) (City) (Zip)

Parcel Number: _____

The Final Report should be mailed to: Name:_____

Address:_____
(Street) (City) (Zip)

Email:_____

☐ $200.00 Fee Enclosed for Septic & Well **(non-refundable upon receipt)**

☐ $200.00 Fee Enclosed for Well Only **(non-refundable upon receipt)**

☐ $175.00 Fee Enclosed for Septic Only **(non-refundable upon receipt)**

☐ $50.00 Fee Enclosed for missed appointment or follow-up inspection **(non-refundable upon receipt)**

☐ $100.00 Fee Enclosed for follow-up with water sampling (Micro/Quantitative) **(non-refundable upon receipt)**

☐ $115.00 Fee Enclosed for follow-up with water sampling (Chem/Quantitative) **(non-refundable upon receipt)**

☐ $140.00 Fee Enclosed for follow-up with water sampling (Micro/Qauntitative + Chem Quantitative) **(non-refundable upon receipt)**

I have read and understand the following:-

✓ Once the request for evaluation and fee is received at our office, the payment is not refundable;

✓ The Step by Step Procedure in Requesting a Loan Survey which **MUST** be done in order for the Sanitarian to do the evaluation:

1) All ports on the SEPTIC TANK must be exposed;
2) If the WELL is in a PIT, the PIT COVER must be removable for access (Do NOT remove actual well cap);

✓ You will be contacted by the Environmental Health Division to schedule a date and time for the Evaluation:

Name/Phone # of person to contact to schedule the appointment_____

_____ _____
Signature of Person Requesting Evaluation Date

Amount Received:_____
Payment By:_____
Date Received:_____