



ASHLAND HEALTH DEPARTMENT
1763 STATE ROUTE 60 • ASHLAND, OHIO 44805-9287
419-282-4337 • 419-282-4333 Fax
ashlandhealth@ashlandhealth.com
Daniel R. Daugherty, M.D., *Health Commissioner* • Al Sanders, B.S., R.S., *Administrator*
Equal Opportunity Employer / Provider

Sewage & Water Evaluations

Sewage and Water Evaluations for Real Estate transfers are conducted by the Environmental Health division as a service.

Evaluations are conducted as time and weather permits.

Please allow no less than ten (10) working days for scheduling and completion of an evaluation report.

All results will be held until payment is received.

Thank you.

SEWAGE DISPOSAL & WATER SUPPLY EVALUATION REQUEST



RECEIPT # _____

(check one)

- SEWAGE (ONLY) \$60.00
 WATER (ONLY) \$60.00
 BOTH \$90.00

BEDROOMS _____

DATE REQUESTED _____

DATE CLOSING _____

EVALUATION SITE ADDRESS _____

TOWNSHIP/VILLAGE _____

CITY/WARD _____

EVAL. SITE OWNER'S NAME _____

SECTION & PARCEL # _____

EVAL. SITE OWNER'S ADDRESS _____

TELEPHONE _____

EVAL. SITE OCCUPANT'S NAME _____

TELEPHONE _____

ALL PREVIOUS OWNER(S) _____

NEW OWNERS NAME _____

ADDRESS _____

EVALUATION
REQUESTED BY:

NAME _____
ADDRESS _____

COMPANY _____
TELEPHONE _____

EVALUATION RESULTS TO:

CALL / FAX NAME _____
 MAIL ADDRESS _____
 E-MAIL E-MAIL _____

COMPANY _____
TELEPHONE _____
FAX _____

EVALUATION
BILL TO:

NAME _____
ADDRESS _____

COMPANY _____
TELEPHONE _____

All results will be held until payment is received.

DIRECTIONS TO SITE: _____

COMMENTS: _____

**INSPECTIONS ARE LIMITED TO MONDAY THROUGH WEDNESDAY
WEATHER PERMITTING**