



Public Health
Prevent. Promote. Protect.
Ashland County Health Department

SEWAGE DISPOSAL & WATER SUPPLY EVALUATION REQUEST



RECEIPT # _____

(check one)

- SEWAGE (ONLY) \$75.00
 WATER (ONLY) \$80.00
 BOTH \$100.00

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 _____ COMPANY _____
 ADDRESS _____ TELEPHONE _____

EVALUATION RESULTS TO:

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

EVALUATION BILL TO: NAME _____ COMPANY _____
 ADDRESS _____ TELEPHONE _____

All results will be held until payment is received.

DIRECTIONS TO SITE: _____

COMMENTS: _____

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