

Date of Request _____ by (person) _____

San Juan Basin Health Department
P.O. Box 140
Durango, CO 81302
Attn: Environmental Division

Phone #970-247-5702
FAX #970-247-9126

WATER & SEWER INSPECTION REQUEST

A minimum of 48 hours notice is needed prior to site visit. Form to be completed by Requestor:

Bill to _____

Address _____

Closing date _____ Year house built _____

Property address _____

Current Owner _____ Phone# _____

Purchaser/Name _____
(or refinance)

Occupant or Agent _____ Phone# _____

FOR USE BY SAN JUAN BASIN HEALTH DEPARTMENT ONLY

OSWS Permit #, type _____

Function _____

Water Supply: Type _____ Surface features _____

Water sample results: _____

Pump the septic tank Y__ N__

Inspector _____

OSWS disclaimer Y__ N__

Inspection date _____

Water disclaimer Y__ N__

Letter date _____

Charge: \$145 (additional \$25 fee for standard bacteriological water test).
Payment and 48 hours advance notice requested.