

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 DEPARTMENT USE 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: \$155 (additional \$25 fee for standard bacteriological water test).  
Payment and 48 hours advance notice requested.