

WATER TEST/SEWER INSPECTION REQUEST FORM

Date:_____ Requested by:_____

Water test results/inspection report attention to:

Name:_____ Phone #:_____

☐ Mailing address:_____

☐ Email address:_____ ☐ Fax #: _____

(Check box for preferred delivery method)

Note: Advance payment and 5-working days notice is required for inspections. A receipt (that includes septic tank volume, number of chambers, and condition) for the septic tank servicing dated within the last two years is required prior to the inspection of the On-site Wastewater Treatment (sewer) System.

Reason for request, e.g. selling property, problem with the sewer system, sewer certification needed by the County, etc.:_____

Property owner: _____ Phone #:_____

Property address:_____

Note: access inside the house is required to collect water samples (water system must be in operating condition in order to collect water sample).

Is house currently occupied? Yes ☐ No ☐ #/Bedrooms:___ Gate code?:_____

Comments/special directions:_____

FOR DEPARTMENT USE ONLY

Inspection date:_____ OSWS Permit #:_____ - _____ Well? Yes ☐ No ☐

System(s) appear to be functioning properly? Yes ☐ No ☐

☐ **Sewer inspection: (\$240)** ☐ **Water test and sewer inspection: (\$265*)**

Amount paid: \$ _____ ☐ Check #:_____ ☐ Credit card ☐ Cash

*Lab fee for standard bacteriological water test is \$25.