

Real-Estate Inspection No. # \_\_\_\_\_

**Perry County Health Department**  
409 Lincoln Drive  
P.O. Box 230  
New Lexington, OH 43764  
www.perryhealth.com  
P: (740)342-5179 F: (740)342-5540  
**Real-Estate Inspection Application**

\*The following items are required to accompany this application:

1. Application filled out completely.
2. Application fee of \$65.00 for Septic or \$60.00 for Water (checks payable to the above name)
3. Is the septic tank uncovered? Y/N
4. Is there a home currently on this property? Y/N
5. Do you have electricity on at this property? Y/N
6. Is the Pressure Tank Accessible? Y/N

**Application Type:** Septic \_\_\_\_\_ Water \_\_\_\_\_ Both \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Property Owner:** \_\_\_\_\_  
**Current Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone:**( ) \_\_\_\_\_ **Cell:** ( ) \_\_\_\_\_

**PROPERTY INFORMATION:**

**Location Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Section:** \_\_\_\_\_  
**Township:** \_\_\_\_\_ **Amount of Useable Ground in acres:** \_\_\_\_\_

**BUILDING INFORMATION:**

House currently occupied?	Y/N
Age of house or year sewage system was installed?	_____
Tank Last Pumped?	_____
Name of Original Owner?	_____
Distance Between sewage system and well?	_____
Distance of well to property line?	_____
Distance from sewage system and property line?	_____

As an applicant, I declare the information provided is, to the best of my knowledge, true accurate and understand:

**ALL FEES ARE NON-REFUNDABLE**

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved** \_\_\_\_\_ **Disapproved** \_\_\_\_\_

**Inspecting Sanitarian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_ **Cash:** \_\_\_\_\_ **Check** \_\_\_\_\_ **Receipt#:** \_\_\_\_\_ **Received By:** \_\_\_\_\_