

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

**Perry County Health Department**  
212 South Main Street  
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. Septic must be uncovered at the inlet and outlet baffles for inspection to occur.

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: \_\_\_\_\_