

Please Complete ALL Information  
**REQUEST FOR REAL ESTATE INSPECTION**  
Household Sewage Treatment System - Well and Water Testing

Property  
Address: \_\_\_\_\_

\_\_\_\_\_ Township

Owner's  
Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Mail Results To (One Address Only)

Check if as above OR: \_\_\_\_\_

I hereby grant permission to enter the property to perform all necessary work in accordance with this request.  
I agree not to hold the Wayne County Health Department or its employees responsible for any  
damages incurred as a result of this evaluation.

\_\_\_\_\_  
*Signature Owner/ Authorized Rep*

\_\_\_\_\_  
*Date*

**Septic System Inspection**

**Well Inspection and Water Tests**

Yes  No Is the house vacant?  
\_\_\_\_\_ How long vacant?

Yes  No Risers on tanks above grade?  
\_\_\_\_\_ Tank location  
\_\_\_\_\_

\_\_\_\_\_ Last pumped date  
*Please provide  
copy of receipt*

\$225 Standard  \$75 CAP/TRC

Water MUST be turned on to complete test.

Yes  No Will someone be there to let  
sanitarian in?

Yes  No Call to confirm before?

Yes  No Vacant? How long \_\_\_\_\_

Yes \$200.00 Well Inspection and Bacterial  
Test and Nitrate Pre-Screen Test  
\*includes 1 re-sample

Yes \$90.00 Bacterial & Nitrate Pre-Screen Only

Yes \$40.00 Nitrate Testing Only

Yes \$40.00 Lead Testing Only

Fees Payable In Advance - Checks made out to Wayne County Health Department

Should either inspection not be completed due to failure to allow access or water \$25 trip charge

Receipt # \_\_\_\_\_ Dated \_\_\_\_\_