

WAYNE COUNTY HEALTH DEPARTMENT  
Environmental Health Division  
428 West Liberty Street, Wooster OH 44691  
Phone: 330-264-2426 Fax: 330-262-8433

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.

\_\_\_\_\_  
*Owner Signature/Authorized Rep (required)*

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

**Septic System Inspection**

**Well Inspection and Water Tests**

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

Risers on tanks above grade?      Yes      No

Tank location \_\_\_\_\_

Last pumped date \_\_\_\_\_  
Please Provide copy of receipt

\$225 standard      \$75 CAP/TRC

Water MUST be turned on to complete test.

Will someone be there to let sanitarian in?      Yes      No  
Call to confirm before arrival?      Yes      No  
Vacant? How long vacant? \_\_\_\_\_      Yes      No

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

\$90.00 Bacterial & Nitrate Pre-Screen Only

\$60.00 Nitrate Testing Only

\$60.00 Lead Testing Only

Fees **MUST** be paid in Advance - Checks made out to Wayne County Health Department

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

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

Date \_\_\_\_\_