



JEFFERSON COUNTY

www.jchealth.com

740.283.8530

GENERAL HEALTH DISTRICT

500 Market Street, Sixth Floor, Steubenville, Ohio

Public Health

Prevent. Promote. Protect.

REQUEST FOR INDIVIDUAL ON-SITE WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM EVALUATION

FEES:

Lead- \$196.00

F.H.A. Loan-Water/Lead/Nitrate- \$248.00

F.H.A. Loan-Water & Sewage/Lead/Nitrate/Nitrite- \$373.00

Water and Sewage- \$300.00

Sewage- \$175.00

Water- \$175.00

Purchaser				Property Owner		
Address				Address		
Phone Number				Phone Number		
Email				Email		
Detailed directions to location of property						
Multi-Living Units	Number Bedrooms	Number Baths	Dishwasher	Garbage Disposal	Basement	Dwelling
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NEW <input type="checkbox"/> EXISTING

TO BE COMPLETED BY HEALTH DEPARTMENT SANITARIAN

WATER SUPPLY
 Type: Drilled Well Dug Well Cistern Spring Other _____
 Yes No Meets minimum design standards. Date Inspected _____
 Yes No Bacteriological water sample collected. Date _____
 Yes No Private water system installed under permit. Permit No: _____
 Results: Satisfactory Unsatisfactory Laboratory Sample No: _____

SEWAGE DISPOSAL SYSTEM
 Sewage system installed under permit? Yes No Permit No: _____
 Date of original inspection _____ Dye Test conducted _____ Positive
 Negative
 If Sewage system disposal system was not installed under permit, complete the following:
 System meets minimum design standards Yes No
 Are you aware of any sewage disposal problems in the neighborhood? Yes No
 Is lot size adequate for the system to be modified or a new system installed? Yes No
 Was house vacant at the time of inspection? Yes No

WATER SUPPLY IS: <input type="checkbox"/> Satisfactory as a water supply for the subject property <input type="checkbox"/> Not satisfactory as a water supply	SEWAGE DISPOSAL SYSTEM: <input type="checkbox"/> Functioning satisfactorily at this time <input type="checkbox"/> Not functioning satisfactorily at time of evaluation
--	---

Remarks:

Loan Evaluation No. _____

Date _____

Date _____

Sanitarian _____

Receipt No. _____

(JCGHD Request for.....)