



CRAWFORD COUNTY PUBLIC HEALTH

PREVENT • PROMOTE • PROTECT

APPLICATION FOR PRIVATE SEPTIC AND/OR WATER SUPPLY INSPECTION

LOCATION TO BE EVALUATED:

Address		Township	
Owners Name		Phone Number	

RESULTS TO BE MAILED TO:

Name		Phone Number	
Address		City & Zip Code	

PERSON PROVIDING ACCESS TO PROPERTY:

Name		Phone Number	
Address		City & Zip Code	

PLEASE SUPPLY THE FOLLOWING INFORMATION

Original Property Owner		Date Home Constructed	
Year Sewage System Installed		Year Dwelling Constructed	

General location of septic system: _____

(Septic tank must be made accessible at time of inspection so it can be thoroughly inspected.)

Year Septic Tank Last Pumped		Is Dwelling Occupied	Yes	No
If Occupied – Number of Occupants		Number of Bedrooms		
If not Occupied – Time Dwelling has been Vacant				

Please indicate the type(s) of water systems located on the property (check all that apply):

Drilled Well		Dug Well		Cistern		Hauled Water Storage Tank	
City Supply							

I hereby request the following inspections, tests, and records check be conducted by the Crawford County Public Health. **Fee schedules for these inspections can be obtained from our website or requested from our office under Sale of Property Fees.**

<input type="checkbox"/>	Private Water System [Includes one Water Sample]
<input type="checkbox"/>	Private Septic System
<input type="checkbox"/>	Private Water & Septic Systems

Facts contained in the inspection report are relevant to the date(s) of inspection. Any inspection finding of fact contained within the report does not guarantee the continued satisfactory operation of the private sewage disposal system or water system.

The inspection cannot and will not be evaluated by this department if any of the following conditions exist:

1	No one is present to provide access to the property.
2	Excessive brush, grass, or groundcover exceeds 4" in height or ground is buried in snow or ice.
3	The septic tank(s) has been pumped within the last 30 days.
4	The septic tank and any other pertinent components of the system are not uncovered.

Applicant Signature		Date	
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