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- **REQUEST TO EVALUATE HOUSEHOLD WATER & SEWAGE SYSTEMS**
- **REQUESTS FOR WATER SAMPLES**

**INSTRUCTIONS:**

- Read the information below & complete the application on reverse side.
- Submit completed form which includes your signature & date with the applicable fee.

**LIMITATIONS AND CONDITIONS OF SERVICE**

1. The Applicant is responsible for contacting the Henry County Health Department (HCHD) during normal business hours (8:30am to 4:30pm M-F) to arrange a time with inspectors to conduct service requested. In most cases we will need to gain access inside the house.
2. For VA, FHA and any other real estate loan which requires more than one type of sample from the water system, be sure to check with your loan specialist to determine the types of water samples which are needed. These loan programs have requirements that change fairly often.
3. Evaluations will not require the unearthing of any component or system. Report findings may recommend contacting an appropriately qualified service company to locate and/or provide more detailed information about the sewage or water system
4. Evaluation reports from the HCHD will be based upon information compiled from the application, field observation by the HCHD of visible or easily accessible system components, and any existing records of those systems on file in our office. These evaluation results apply only to the date(s) and time(s) that the field observations are made.
5. Evaluation reports may give opinions or recommendations without complete knowledge or observation of some of the individual system components. Reported findings in no way grant or imply any guarantee or warranty of the future performance of any portion of a home sewage system and/or private water system. Evaluation reports by the HCHD do not grant approval or disapproval to any portion of a home sewage system and/or private water system. Evaluation reports are not included with water sample only requests.
6. Fees for water samples must be paid prior to, or at the time the sample will be collected.
7. Fees paid for services where a site visit has commenced are non-refundable. If no site visit has been conducted, a refund may be requested.

Private Sewage System evaluation by the HCHD will attempt to:

1. Observe and comment on the location and type of components of the sewage system that are visible or easily accessible. A search for existing records on file at the HCHD will be made to support any findings.
2. Check for possible failure of the sewage system by means of a dye test. Snow cover, heavy rains, leaf cover, and other dense vegetation may prevent this test from being performed. Dye testing also requires that possible points of discharge of the sewage system on or within a reasonable distance of the property can be located. Without a dye test, the report will not include an opinion of the current working condition of the system. Vacant homes will not be dye tested.

Private Water System services by the HCHD will attempt to:

1. Water system evaluation is to observe and report on the type and condition of visible or easily accessible water system components. A search for existing records on file at the HCHD will be made to support any findings.
2. Water sample(s) requested on this application will be taken from the water supply and submitted to certified lab for analysis. Results may take up to 3 weeks for some parameters.

**PLEASE COMPLETE THE FORM ON THE REVERSE SIDE →**

**Location of the property:**

|                |       |           |
|----------------|-------|-----------|
| Current owner: |       | Phone:    |
| Address:       |       | Township: |
| City           | State | ZIP       |

**Person to receive report / results:**

|   |                |        |
|---|----------------|--------|
| Name:   | Email Address: | Phone: |
| Address:  |                | Fax:   |
| City  | State          | ZIP    |
| How would you prefer to receive the report / results? <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail |                |        |

**Check which services you are requesting:****Fee:**

|  |                           |
|--|---------------------------|
| <input type="checkbox"/> Coliform Bacteria sample  | ☎ Call for current prices |
| * <input type="checkbox"/> E-Coli Bacteria sample  |                           |
| *E-Coli sample may be needed in addition to coliform bacteria. Check with your lending specialist. |                           |
| <input type="checkbox"/> Nitrate   |                           |
| <input type="checkbox"/> Nitrite   |                           |
| <input type="checkbox"/> Lead  |                           |
| <input type="checkbox"/> Other sample(s) _____   |                           |
| <input type="checkbox"/> Water System evaluation (does not include water sample)                   | \$75                      |
| <input type="checkbox"/> Sewage Treatment System evaluation  | \$150                     |
| <b>TOTAL FEE: (Make checks payable to: HENRY COUNTY HEALTH DEPARTMENT)</b>                         | <b>\$</b>                 |

What is the purpose of this request? ☐ FHA loan ☐ VA loan ☐ Other loan ☐ Buyer request

Approximate year the home was built: \_\_\_\_\_ Number of bedrooms in the home: \_\_\_\_\_

Name of the home's original owner (if known) \_\_\_\_\_

Is the home currently occupied? ☐ Yes ☐ No Is the electricity turned on? ☐ Yes ☐ No

If vacant, is the home/plumbing currently winterized? ☐ Yes ☐ No

Do you know the location / source of the water system? ☐ Yes (If so, describe) ☐ No

Do you know the location of the sewage system? ☐ Yes (If so, describe) ☐ No

Has the septic tank been pumped out within the last 30 days? ☐ Yes ☐ No

**I have read and understand the conditions of service and certify to the best of my knowledge that the information I have provided herein is accurate.**

**Print Name:** \_\_\_\_\_

**Sign here:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_