



Jackson County Health Department
200 E. Main Street
Jackson, Ohio 45640
Phone 740-286-5094 • Fax 740-286-8809

Household Sewage Treatment System Evaluation Form

Address of Property _____ City _____ Zip _____

Township _____ Occupied Vacant - How Long _____

Original Owner _____ Date Septic System Installed _____

Type of Sewage Treatment System Septic Tank Aerator Other _____

Are you aware of any current or previous problems with the sewage treatment system?

Yes No If yes, please describe _____

Type of Water Supply Public Private - Please describe (drilled well, spring, etc.)

Contact for Appointment/Access Owner Occupant Real Estate Agent

Other Name and Phone # _____

I understand that the inspection report provided as a result of this request reflects the condition of the system at the time of inspection. No representation is made as to the future functioning of the system.

Please have the lid on the septic tank uncovered so that we may provide an accurate evaluation.

Signature of Applicant _____ Date _____

Send Report To _____ Please Fax To _____

Address _____

Please Email To _____

\$150 Inspection Fee Required

