

\$150 Inspection Fee Required



Jackson County Health Department  
102 Twin Oaks Drive  
Jackson, Ohio 45640  
Phone 740-286-5094 • Fax 740-286-8809

## **REAL ESTATE TRANSFER SEPTIC INSPECTION**

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 \_\_\_\_\_

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**(This side for office use only)**  
**Household Sewage Treatment System Evaluation**

Permit # \_\_\_\_\_ Original Approval Date \_\_\_\_\_

- ☐ Records indicate that the installation was in compliance with the rules in effect at the time of installation. There was no malfunction of the system observed at the time of this inspection.
- ☐ No record of this system could be found. There was no malfunction of the system observed at the time of this inspection.
- ☐ System was malfunctioning or lacking a needed component at the time of inspection.

Comments \_\_\_\_\_

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Environmental Health Specialist \_\_\_\_\_ Regs # \_\_\_\_\_ Date \_\_\_\_\_