



www.allencountypublichealth.org
Allen County Combined Health District

APPLICATION FOR PRIVATE SEWAGE SYSTEM INSPECTION

FEE: 450.00

OWNERS NAME: _____ PHONE: _____

SITE ADDRESS: _____

MAILING ADDRESS
(If different from site address): _____

_____ TWP: _____

LOCATION: **N E S W** SIDE OF _____ ROAD/ STREET

N E S W FROM _____ ROAD/ STREET
/ INTERSECTION

NOTE: SEPTIC TANK & DIVERSION BOX LIDS MUST BE UNCOVERED BEFORE AN INSPECTION CAN BE MADE

ARE SEPTIC SYSTEM LIDS UNCOVERED? YES NO

TYPE OF SEWAGE SYSTEM: SEPTIC TANK SEPTIC TANK/ TILE FIELD
 SUBSURFACE SANDFILTER AERATION

SEWAGE SYSTEM IS LOCATED ON **N E S W** SIDE OF HOUSE & _____ FEET FROM HOME

AGENT/ AGENCY
OR PERSON REQUESTING INSPECTION: _____

_____ PHONE: _____

ADDRESS: _____

*****FOR DEPARTMENTAL USE ONLY*****

O&M: YES NO INSTALL #: _____

REQUEST DATE: _____

CASH CHECK _____ CREDIT RECEIVED BY: _____



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