



**Adams County
Health Department**

**Environmental Health and
Emergency Preparedness**

560 Rice Drive
West Union, Ohio 45693
Phone: (937) 544-5547 extension 115
Fax: (937) 544-3035

Public Health
Prevent. Promote. Protect.

Operation & Maintenance / Home Replacement Inspection

Date: _____

Applicants Name: _____ Phone #: (____)_____

Mailing Address: _____

Location of Site: _____

Township: _____ Lot Size: _____ Water Supply: _____

Occupied: _____ Vacant: _____

Number of Bedrooms: Existing House: _____ New House (if replacing): _____

Number of Bathrooms: Existing House: _____ New House (if replacing): _____

Other Information: _____

By signing below I declare all the above information is true and complete to the best of my knowledge. I grant permission to the Adams County Health Department to enter said property during regular business hours (8:00 am- 4:30 pm) for the purpose of inspecting site for the installation of the septic system. I also allow for the disclosure of past records and for them to contact septic contractors and/ or other inspectors. I understand that the fee for this service is non-refundable or transferrable after the application has been submitted. Please allow for up to 15 business days from the date submitted for the inspection and report to be completed. Design reports may take longer depending on reports submitted by other agencies.

Applicant's signature: _____ Date: _____

-----OFFICE USE ONLY-----

Receipt #: _____ Date Paid: _____

Sanitarian: _____ Date of Inspection: _____

Sanitarian Findings: _____

