

WATER SAMPLING AND / OR SEWAGE INSPECTION EVALUATION REQUEST FORM

I hereby request the following service(s) from Columbus Public Health:

-) Water Sample(s) \$45.00 each Fees for these services are non-refundable.
-) Sewage System Inspection(s) \$50.00 each All checks must be made payable to the "Columbus City Treasurer".

Address to be inspected: _____

Person to contact for access: _____ Phone Number: _____

Person to whom all report(s) are to be mailed:

Name: _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Fax: _____ Check here if you wish a copy to be faxed:)

For property sales, please complete:

Seller:

Name: _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Buyer:

Name: _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Water samples can be collected between 8:00AM and 12:00 Noon, Monday through Thursday only.

Sewage inspections will only be done between 8:00AM and 4:00PM weekdays.

All inspections rendered by Columbus Public Health regarding water samples and sewage systems apply only to the date and time that the evaluations were performed. Inspections do not guarantee the future performance of the water supply(s) or sewage system(s). Inspections are also rendered with the expectation that the sewage system(s) will not be loaded beyond design capacity and that routine maintenance will be performed.

In some areas, buyers and sellers have agreed to put sufficient monies for system repair in escrow to permit closing when weather or other factors have caused delays. Contact your real estate agent, banker, or attorney for more information on establishing an escrow account. You should contact a licensed contractor for estimates on current repair prices.

Columbus Public Health will issue orders for system repair or replacement when the current system is found to create a nuisance or pose a potential public health hazard.

I have read, understand, and agree to the conditions stated on this form.

Person Making Request

Date

No evaluations will be conducted without a signature on this form, and payment in full.

Return completed form with payment to:

Columbus Public Health, Water Protection Program, 240 Parsons Ave., Columbus, OH 43215-5331.

240 Parsons Avenue
Columbus, Ohio 43215-5331

Teresa C. Long, MD, MPH
Health Commissioner

BOARD of HEALTH

Mayor Michael B. Coleman
President Ex-Officio
John H. Boxill
Augustus G. Parker III, MD

Martin S. Seltzer, JD, PhD
Mary Ellen Wewers, PhD, MPH
Jacqueline T. Williams, MS

Phone: (614) 645-7417
Fax: (614) 645-7633
TDD: (614) 645-7041

www.publichealth.columbus.gov
health@columbus.gov (e-mail)