



Operational Survey Application

On-Site Sewage System and/or Water Supply

- Service Requested:
- Sewage System Survey - \$150
 - Water System Survey - \$150 Plus Lab Fee (includes one resample if needed with lab fee)
 - Sewage and Water System Survey - \$250 Plus Lab Fee
 - Re-Inspection -\$75 Plus Lab Fee, if Applicable

Name of applicant: _____ Contact number: _____
Contact name for property access: _____ Contact number: _____
Parcel number: _____ Section _____ Township _____ Range _____
Current owner: _____ Original owner: _____
Physical address of property to be inspected: _____
Directions to property: _____
Send report to: _____ Method: Mail Fax E-mail
Mailing address: _____
Fax number: _____ E-mail address: _____

Complete for On-Site Sewage System Survey

Date sewage system installed _____ House occupied? Yes No If no, date house was vacated _____
On-site sewage system permit number _____ Number of bedrooms in home _____
Does system consist of septic tank and drainfield? Yes No Other _____
Date of last pumping (submit verification from pumper) _____

Please note: Access to septic tank lids is required for the survey. If the septic tank has not been pumped within the last three years, arrangements must be made to have the septic tank evaluated by a certified pumper and if necessary, pumped at the conclusion of the survey. The pumper's findings must be submitted to this office. If there is significant snow cover over the drainfield area, the survey may not be completed until weather conditions change.

Complete for Water System Survey

Type of water system: Private water system Public water system - Name of system _____
For private water systems, source of water: Drilled Well Dug Well Spring Other _____
If private water system, number of homes served by system _____ Water treatment, if any _____

Please note: Should a production test be necessary, the applicant is advised to contact a licensed well driller or specialist.

I certify the above information is correct. I grant permission for the Health District to make arrangements with the contact listed above and inspect this property. Fees paid are non-refundable.

Applicant Signature: _____ Date: _____

For Office Use Only

Date application received _____ Fee received _____ Receipt # _____