



PUBLIC HEALTH

PROTECT • PROMOTE • PREVENT

11660 Upper Gilchrist Rd.
Mount Vernon, OH 43050

www.knoxhealth.com

Phone 740-392-2200
Fax 740-392-9613

REQUEST FOR LOAN INSPECTION SERVICES

Fees

Water Sample Only (Total Coliform).....No Written Report.....	\$81
Water Sample w/Written Report to Describe System	\$105
Sewage Disposal System.....	\$158
Sewage & Water System w/Written Report.....	\$225

Current Owner _____ Phone _____

Property Address _____ Twp/Village _____
House # Street/Road

Selling to (If applicable) _____

Send Report To _____

SEWAGE DISPOSAL SYSTEM IS EXISTING NEW

Please list any known problems _____

WATER SUPPLY New Existing Drilled Well Dug Well Spring
 Other _____

DEVELOPMENT Above Ground Casing Buried Seal Well Pit
 Other _____

PUMP TYPE Submersible Jet Gravity Air
 Other _____

OFFICE USE ONLY

Report/Comments _____

Date _____

Sanitarian _____