

Fee Pd  Y  N  
 Receipt # \_\_\_\_\_  
 Survey # \_\_\_\_\_

Jurisdiction _____	<b>Mortgage Survey Request</b>
<b>Official Use Only</b>	Services Requested (Check all that apply) <input type="checkbox"/> Well Survey (Bacterial Sample Included) <input type="checkbox"/> Other Samples (Please Specify: _____) <input type="checkbox"/> Sewer Survey
EHS# _____ / _____ / _____	
Date: _____ / _____ / _____	
Travel Time: _____ / _____ / _____	
Inspection Time: _____ / _____ / _____	

Seller: _____	Phone: _____	Property Address: _____
Buyer: _____	Phone: _____	City: _____ State: _____ Zip _____
Lending Institution: _____	Phone: _____	Original Owners Name: _____
Realtor: _____	Phone: _____	

Legal Description

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_  
 Lot# \_\_\_\_\_ Block # \_\_\_\_\_ Subdivision \_\_\_\_\_ Phase \_\_\_\_\_ Addition \_\_\_\_\_

Brief Directions to Property: \_\_\_\_\_

Who to Contact for Access: \_\_\_\_\_ Phone: \_\_\_\_\_

Send Survey Report to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Well Head is Above Ground  Y  N      Sewage System Consists of Septic Tank Disposal System  Y  N  
 Well is on Property  Y  N      Sewage System has Failed, Been Replaced or Repaired in the Last 12 Months  Y  N  
 Year House Built \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ Date Septic Tank Pumped \_\_\_\_\_

I hereby authorize the health authority to have access to this property for the purpose of performing the requested services and I certify that all the above information is accurate.  
 Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE IN THIS SECTION	SURVEY RESULTS
Water Supply <input type="checkbox"/> Public <input type="checkbox"/> Private Bacterial Samples Collected _____ / _____ / _____ Results: <input type="checkbox"/> Meets Current Bacteriological Standards <input type="checkbox"/> Unsatisfactory Other Samples Collected _____ / _____ / _____ Other Sample Results: _____ System <input type="checkbox"/> Does <input type="checkbox"/> Does Not Appear to Meet Recommended Water System Construction Standards Source/Type _____	Sewage <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> No Evidence of Malfunction at time of Inspection <input type="checkbox"/> Malfunction Evident at Time of Inspection <input type="checkbox"/> Permit Issued on _____ Inspected on _____ <input type="checkbox"/> No Record of Permit Being Issued <input type="checkbox"/> Sewer System Substandard (See Comments)
Comments or Special Instructions: _____ _____ _____ _____ _____ _____ _____ _____ _____	THIS DEPARTMENT RECOMMENDS THE SEPTIC TANK BE PUMPED EVERY THREE (3) YEARS.
EHS Signature _____	EHS# _____ Date _____

