



On-Site Sewage Treatment System Inspection Request
Environmental Health Division
Central Valley Health District

Date	Contact Person	Telephone Number		
Property Address		City	County	
Township	Range	Section	Subdivision	
Owner(s) Name(s)		Purchaser(s) Name(s)		
Property Currently Occupied: Yes No		Property Residence: Seasonal Year Round		
Residential	Number of bedrooms _____			
Commercial	Type of Building _____			
Select the items found in home:	Garbage Disposal	Water Softener	Basement Drains	
Number of bathrooms _____	Other Water Features _____			
Year septic system was installed or repaired:			Permit Number (if applicable):	
Name of person that installed and/or last repaired system:				
Name of person/company and date system last serviced (pumped):				
Have there been any problems with the system (i.e. back up in building):			Yes	No
If Yes describe:				
Has the building had any additions since the system was installed/repared:			Yes	No
If Yes describe:				
Type of water supply:		To request water sampling select tests needed:		
Private Well	Public Water Supply	Nitrate	Bacteriological	Lead
Mailing/Billing Address (if different from property address):				

Inspection Fee: \$100 plus mileage. Water sampling is an additional fee.

The evaluation report as well as bill will be sent to address indicated above. Please allow a minimum of 14 business days after the evaluation for submission of the final report.

The below signed applicant affirms that the information provided is a true representation of the facts as he/she knows them to be regarding subject property. By signing this form you are granting permission for a Central Valley Health District employee/representative to conduct an onsite wastewater treatment inspection. If applicant is other than property owner please provide authorization verification in addition to request form.

Applicant's Signature

Date

