

PORTAGE COUNTY HEALTH DEPARTMENT
449 South Meridian St., Ravenna, OH 44266
Phone: (330)296-9919 Fax: (330)297-3597

HOME SALE WELL & SEPTIC INFORMATION SHEET

Date: _____ Total Fee: _____ (Subject to change)
Inspections Needed: Septic _____ Well/Bacteria Test _____ Water Resample _____
Chemical: _____ Flow Meter Test (Must have hose bib) _____ Diagram _____

**(ALL INFORMATION MUST BE COMPLETELY FILLED OUT BEFORE THIS REQUEST
WILL BE PROCESSED. RESULTS ARE SENT TO ALL PARTIES LISTED. PAYMENT
MUST ACCOMPANY THIS FORM).**

PROPERTY ADDRESS: _____
TOWNSHIP/CITY ONLY: _____ **(NOT MAILING ADDRESS)**

OWNER INFORMATION:

Owner's Name(s): _____
Current **Complete Mailing** Address: _____

Phone: _____ FAX: _____ CELL: _____

BUYER INFORMATION:

Buyer's Name(s): _____
Current **Complete Mailing** Address: _____
Phone: _____ FAX: _____ CELL: _____

LISTING REAL ESTATE AGENCY INFORMATION:

AGENCY NAME/CONTACT PERSON: _____
Phone: _____ FAX: _____ CELL: _____
TITLE COMPANY OR MORTGAGE CO: _____
Phone: _____ FAX: _____

Contact Person for Entrance Into Home: _____