



PORTAGE COUNTY HEALTH DISTRICT
705 OAKWOOD ST. SUITE 208, RAVENNA, OH 44266
PHONE: (330)296-9919 FAX: (330)297-3597

HOME SALE WELL & SEPTIC INFORMATION SHEET

Date: _____ Total Fee: \$_____ (Subject to change)

Inspections: Septic _____ Well/Bacteria Test _____ Water Resample _____ Refinance _____

Lead: _____ Nitrate: _____ Nitrite: _____ Trip Fee: _____ Diagram _____

Flow Meter Test (Must have hose bib) _____

(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 : _____

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OWNER INFORMATION:

Owner's Name(s): _____

Current **Complete Mailing** Address: _____

Phone: _____ Fax: _____ Email: _____

BUYER INFORMATION:

Buyer's Name(s): _____

Current **Complete Mailing** Address: _____

Phone: _____ Fax: _____ Email: _____

LISTING REAL ESTATE AGENCY INFORMATION:

Agency Name/Contact Person: _____ / _____

Phone: _____ Fax: _____ Email: _____

Title Co. OR Mortgage Co./Contact: _____ / _____

Phone: _____ Fax: _____ Email: _____

Contact Person for Entrance Into Home: _____

Comments: _____

Date Paid _____
Resample:
Date Paid _____

Receipt # _____
Receipt # _____

Revised 9/19/13