



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 \$50
 Water Sample w/Written Report to Describe System \$100
 Sewage Disposal System..... \$150
 Sewage & Water System w/Written Report \$225

Current Owner _____ Phone _____

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

Mailing Address (If different) _____

Selling to (If applicable) _____

Send Report To _____

SEWAGE DISPOSAL SYSTEM IS EXISTING NEW

Please list any know problems _____

WATER SUPPLY IS NEW EXISTING DRILLED WELL DUG WELL SPRING
 OTHER _____

DEVELOPMENT IS ABOVE GROUND CASING BURIED SEAL WELL PIT
 OTHER _____

PUMP TYPE IS SUBMERSIBLE JET GRAVITY AIR
 OTHER _____

OFFICE USE ONLY

REPORT/COMMENTS _____

Date _____

Sanitarian _____