

**APPLICATION FOR EVALUATION OF  
COMMERCIAL SEWAGE SYSTEM AND/OR WATER SUPPLY**

**NOTICE: ONCE A WRITTEN REQUEST HAS BEEN MADE  
FOR THIS SERVICE, THE FEE IS NON-REFUNDABLE**

What is being requested?

- Sewage system evaluation  \$250.00
- Well evaluation  \$ 80.00
- Both  \$325.00

Mail to

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

Zip

\_\_\_\_\_

Address of property to be evaluated

\_\_\_\_\_

Township

\_\_\_\_\_

Owner's name

\_\_\_\_\_

Person to Contact for appointment

\_\_\_\_\_

Contact Person's Phone number

\_\_\_\_\_

Name of Applicant

**I, the undersigned, agree to attach a copy of the  
completed sewage system and/or water supply  
evaluations to the Residential Property Disclosure  
form provided to the buyer of this property.**

\_\_\_\_\_

Signature of Applicant

**The opinions given may be rendered without knowledge of some of the individual parts of the home  
sewage system and applies only to the date and time the opinion is made. Therefore, this opinion  
does not guarantee future performance of the home sewage system.**

**EXISTING STRUCTURES MUST HAVE OPERATING WATER SUPPLY**

**DO NOT HAVE SEWAGE SYSTEM PUMPED PRIOR TO INSPECTION**

Please return the completed application to the Mahoning County District Board of Health of  
Mahoning County, 50 Westchester Drive, Youngstown, Ohio 44515

Please make check payable to: Mahoning County Public Health

**EVERY EFFORT IS MADE TO SCHEDULE WITHIN 14 DAYS OF RECEIPT.**

**OFFICE USE ONLY**

**Date Received** \_\_\_\_\_

**Receipt #** \_\_\_\_\_

**Date Scheduled** \_\_\_\_\_