



**APPLICATION for evaluation of  
Individual Water Supply & Wastewater Treatment Systems in  
HALL, HAMILTON AND MERRICK COUNTIES**

**Please type or print. Fill out this form completely.**

Incomplete information will cause application to be returned to sender.

***\$155 Inspection fee must be included when submitting this form***

Address of property to be inspected	Street	City	Zip code
Type of Inspection Requested:		<input type="checkbox"/> Well Inspection	<input type="checkbox"/> Septic Inspection
_____		<input type="checkbox"/> Agent	<input type="checkbox"/> Seller <input type="checkbox"/> Buyer <input type="checkbox"/> Other
Applicant Name		(    ) - _____	
Agency name	E-mail address	Contact phone number	
<b>System(s) Info:</b>		Yes	No
The house is currently occupied		<input type="checkbox"/>	<input type="checkbox"/>
Any site hazards (dogs, etc.) _____		<input type="checkbox"/>	<input type="checkbox"/>
Number of bedrooms _____			
All household wastewater is routed through septic system		<input type="checkbox"/>	<input type="checkbox"/>
Whirlpool present:		<input type="checkbox"/>	<input type="checkbox"/>
The septic system has been pumped within the last 3 years		<input type="checkbox"/>	<input type="checkbox"/>
Total liquid capacity of septic tank (in gallons)			_____gallon
Total Length of disposal field lines			_____feet
Is any water treatment equipment present on water system		<input type="checkbox"/>	<input type="checkbox"/>
<b>Report should be sent to:</b>		<b>Please select ONLY one option:</b>	
_____	_____	<input type="checkbox"/> E-mail _____	
First Name	Last Name	<input type="checkbox"/> FAX (    ) _____	
_____	_____	<input type="checkbox"/> Mail	
Agency	_____	<input type="checkbox"/> Call (pick up) (    ) _____	
Street Address	_____		
_____	_____		
City	State	Zip Code	

I hereby request that the Central District Health Department perform an on-site evaluation of the water and/or wastewater treatment system on the listed property. I have read and understand the above instructions and the listed information I provide is true and accurate to the best of my knowledge. **I understand the evaluation by the health department shall not be taken as a guarantee that the water/wastewater system will function in a satisfactory manner for any specified period of time. The health department assumes no liability for any damages as a result of system malfunction.**

  X   \_\_\_\_\_  
Signature of person preparing this application                      Printed name                      Date



**WATER SUPPLY AND WASTEWATER TREATMENT SYSTEM EVALUATIONS  
GENERAL INFORMATION**

**Instructions for filling out form**

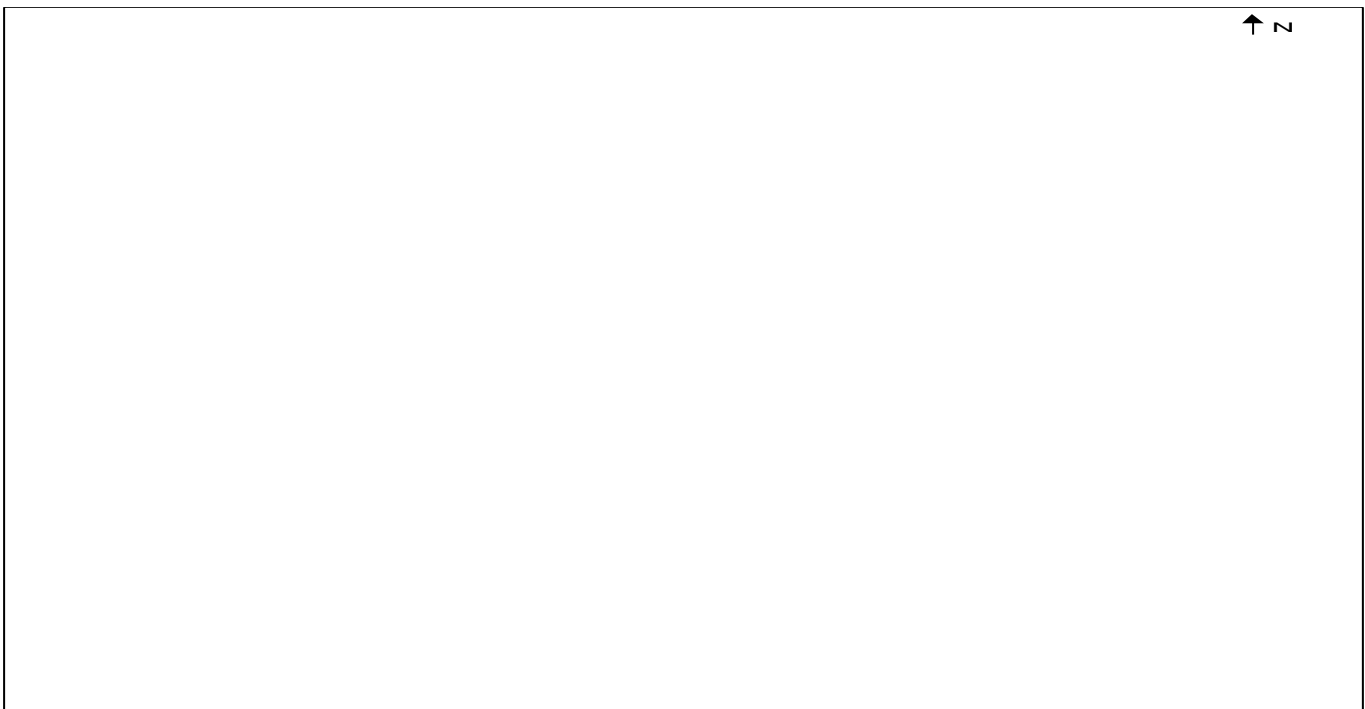
The owner or owner’s agent must complete all questions of this application before an evaluation will be scheduled. Water supply and wastewater treatment reports are not a requirement of the **CENTRAL DISTRICT HEALTH DEPARTMENT (CDHD)**. They are completed upon request only after application is completed. Unknown information can usually be garnished from previous owners or contractors who have worked on the property. It is the responsibility of the CDHD to make an evaluation of the system based on information provided, NOT to gather information for the applicant on the property. An inspection can be scheduled no sooner than one week from the date of the acceptance of a completed application at our department. Payment is to be made to the CDHD before an inspection can be conducted. Any incomplete applications will not be processed until all information is completed. The CDHD requires that a septic tank be pumped if ANY of the following conditions are present: unknown location of septic tank; unknown capacity of septic tank; >3 years or unknown since last pumping date or upon the determination of the inspector. No upgrades are required by the Central District Health Department, unless the current system poses a risk to public health.

<b>FOR OFFICE USE ONLY</b>	<b>CASH</b>	<b>CHECK # _____</b>
<b>Date Received</b> ___/___/___	<b>Receipt # _____</b>	<b>From _____</b>

### **Sketch of System:**

#### **Required components:**

- **Location of septic tank**
- **Location of absorption field**
- **Location of well(s)**
- **Distances between septic tank, absorption field, and well(s)**
- **Location of buildings, reference points (roads, fences, other buildings), and property lines**
- **Location of surface water, public water supplies, and any accessory components to onsite wastewater system**



### **Site evaluation report**

The role of CDHD in the inspection process is evaluation and visual inspection of system(s) for deficiencies. Inspection reports will be based on information provided on the property and/or visual inspection of system components. Occasionally, the inspection will identify deficiencies of system components (i.e. electrical conduits, well caps, broken septic lid, etc.). In these cases, the owner or owner's agent will be notified as to the problem and the allowable remedies. A satisfactory evaluation of that particular system will not be issued until the repairs are completed and inspected.

The well must meet minimum construction standards in order to be sampled. The sample must be collected by an agent of the CDHD and analyzed at our lab at no additional cost. Results may take up to 5 days for laboratory analysis. If Coliform bacteria are present or Nitrate-nitrogen levels exceed 10 mg/L, the supply will be designated as not conforming to health standards. Coliform bacteria are not necessarily harmful, but do indicate an increased risk of contamination by pathogenic bacteria. If a test is positive for bacteria, the owner/agent will be notified and instructed to make any necessary repairs, disinfect the well and schedule a resample time. Up to two resamples are included in the original fee. If a nitrate/nitrogen test exceeds 10.0 mg/L, the owner/agent will be notified and instructed on potential remedies and to schedule a resample time.