



PORTAGE COUNTY HEALTH DEPARTMENT
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

Chemical: Flow Meter Test (Must have hose bib) Diagram

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(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:

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BUYER INFORMATION:

Buyer's Name(s):

Current Complete Mailing Address:

Phone: Fax: Email:

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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

Receipt #

Resample:

Date Paid

Receipt #

Revised 9/19/13