



# Adams County Health Department

**Public Health**  
Prevent. Promote. Protect.

## Environmental Health and Emergency Preparedness

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### Point of Sale Inspection Application

Property Address: \_\_\_\_\_

Seller's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Buyer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Realtor Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Closing Date: \_\_\_\_\_ Fax #: \_\_\_\_\_

Age of Home: \_\_\_\_\_ Year of Septic System Installation: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_

Has the Septic System been repaired at any time? \_\_\_\_\_

Reason for Repair: \_\_\_\_\_

The fee for this service is non-refundable or transferrable after the application has been submitted. Please allow for up to two weeks from the date submitted for the inspection and report to be completed. All inspections will be completed during regular business hours. An Operation and Maintenance permit of varying lengths of time will be issued for systems found to be operating in compliance with OAC 3701-29.

The inspection rendered by the Adams County Health Department applies only to the date and time of the evaluation was conducted. The inspection does not guarantee the future operational performance of the household sewage treatment system. The inspection is rendered with expectation that the septic system will not be loaded beyond its designed capacity and that routine maintenance will be performed.

The Adams County Health Department will issue orders for the septic system to be repaired or replaced when the current system is found to be creating a public health nuisance or that pose a public health hazard.

**I have read, understand and agree to the conditions as stated on this form and that all information submitted is true and correct.**

\_\_\_\_\_  
**Signature**

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

*Together We Care!*

Date pd: \_\_\_\_\_

Rec #: \_\_\_\_\_