

PORTAGE COUNTY HEALTH DEPARTMENT
449 SOUTH MERIDIAN ST., RAVENNA, OH 44266
PHONE: (330)296-9919 FAX: (330)297-3597

HOME SALE WELL & SEPTIC INFORMATION SHEET

Date: _____ Total Fee: _____ (Subject to change)
Inspections Needed: Septic _____ Well/Bacteria Test _____ Water Resample _____
Chemical: _____ Flow Meter Test (Must have hose bib) _____ Diagram _____

**(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 ONLY: _____ (NOT MAILING ADDRESS)

OWNER INFORMATION:

Owner's Name(s): _____

Current **Complete Mailing** Address:

Phone: _____ Fax: _____ Email: _____

BUYER INFORMATION:

Buyer's Name(s): _____

Current **Complete Mailing** Address:

Phone: _____ Fax: _____ Email: _____

LISTING REAL ESTATE AGENCY INFORMATION:

Agency Name/Contact Person: _____ / _____

Phone: _____ Fax: _____ Email: _____

Title Co. OR Mortgage Co./Contact: _____ / _____

Phone: _____ Fax: _____

Contact Person for Entrance Into Home: _____