



**HOUSEHOLD SEWAGE TREATMENT  
SYSTEM INSPECTION  
RESIDENTIAL SALE/REFINANCING  
APPLICATION**

**\$ 150.00\***

**(Please print clearly)**

Tracking Number: \_\_\_\_\_ (office use only)

**Address to be inspected:** \_\_\_\_\_

**Township, Village, City:** \_\_\_\_\_  
(Do not list Cincinnati)

**Applicant's name:** \_\_\_\_\_

**Applicant's address:** \_\_\_\_\_

\_\_\_\_\_ **Phone#** \_\_\_\_\_  
**City, State, Zip**

**Owner's name:** \_\_\_\_\_  
(If different from applicant)

**Owner's address:** \_\_\_\_\_  
(If different from applicant)

\_\_\_\_\_ **Phone#** \_\_\_\_\_  
**City, State, Zip**

Inspection results will be issued via **MAIL ONLY** to the applicant upon completion.

**Make check payable to HCGHD. Mail this completed form, with payment (\$150.00) to:**  
Hamilton County General Health District, Water Quality Division  
250 William Howard Taft Road, 2<sup>nd</sup> Floor  
Cincinnati, Ohio 45219

\_\_\_\_\_  
**Applicant's Signature**

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

\*Initial and all re-inspections are \$150.00 each.