



Toledo-Lucas County Health Department
635 N. Erie Street, Toledo, Ohio 43604-1317
Phone: (419) 213-4100 # 4; Fax: (419) 213-4141
Website: www.lucascountyhealth.com

REQUEST FOR MORTGAGE INSPECTION

Buyer Name _____ Phone No _____ E-mail _____

Address _____ City/Zip _____

Seller Name _____ Phone No _____ E-mail _____

Address to be inspected _____

Contact for entrance _____

Report to be sent to: Buyer _____ Seller _____ Other _____ Fax No. _____

CHECK EACH TYPE OF INSPECTION REQUESTED: FEE MUST ACCOMPANY REQUEST

Sewage Inspection (\$220.00) _____ Water System Inspection (\$150.00) _____

The following procedure is required for homeowners for septic and/or well mortgage inspection.

- 1) The septic tank, distribution box, and part of the leach field must be exposed for inspection on properties with no sewage record and at the inspector's discretion.
- 2) The lid of tank and distribution box must be accessible and exposed for inspection.
- 3) A dye test may be required on all systems. If the home is vacant during the time of inspection, a dye test may be required thirty (30) days after the home becomes occupied.
- 4) I understand up to thirty (30) days may be required for the inspection letter.
- 5) All buried wells will be required to be located and uncovered prior to the time of inspection. A determination will then be made to either upgrade or abandon the well to meet current code requirements (permits required).
- 6) Clearly mark known locations of underground utilities on the property grounds (i.e. gas, electric lines, etc...), specifically within the potable well, sewage treatment system and proposed construction site locations. The Toledo-Lucas County Health Department is **NOT** responsible for damages to the property that may result from inspection activities.

I understand that any indication in an inspection report that "no apparent malfunction was noted during the time of the inspection" constitutes neither express nor implied approval or assurance that the sewage system and/or well will operate in a satisfactory manner for any given period of time. I therefore do hereby agree that I will hold harmless the Lucas County Board of Health and its agents from any and all losses, claims, actions or proceedings that may be presented or initiated to recover money, property, or damages for any injuries to persons or property suffered as a result of any deficiencies in the above-referenced sewage system and/or well whether or not detected by the inspection that is the subject of this letter of responsibility.

Applicant Signature: _____ Date: ____/____/20____

Revised Date: 12/25