MORTGAGE SURVEY APPLICATION



Fee: \$	Date:
Application #:	EHS:
Receipt #:	(Official Use Only)

Public Health Prevent, Promote, Protect.			
Panhandle Health District	Parcel #:		
	Acres:		
Property Address City	, State, Zip		
Legal Description: Section Township Range	County		
Subdivision: Lot	Block		
Directions (nearest crossroad):			
pplicants Name: Email:			
Mailing Address: Pho	ne #:		
City: State:	Zip Code:		
Applicant is: Landowner Lending Institution Agent Other			
Owners Name:	Email:		
Mailing Address:			
City: State:	Zip Code:		
Type of Inspection Requested: Sewage Only Sewage & Water Water O	nly		
N/A Divinto Soution Continue C			
Type of Septic System: Private Septic System Public Septic or Sewer System Name:			
Year Installed (If a septic system):			
Prior Septic Permit Number:			
Owner of Property at the Time of Installation:			
Water Source Type: Drilled Well Dug Well Spring Surface Water Other			
	other		
Water Source Location:			
Water Supply: Private well Shared Well (non-public) Public Water System Name:			
Requested Lab Tests for Water:			
Common Lab Tests: Total Coliform - E. coli Nitrate Nitrites	Other - Additional Requests Below		
Additional Requests:			
Signature:	Date:		

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected or my permit canceled. I accept the responsibility to notify the Health District of any changes to the above information if performed prior to completion of the survey. I hereby authorize the Health District to have access to this property for the purpose of conducting a mortgage survey. I understand that this application and the subsequent permit is non-transferrable between property owners and/or project sites.