

Inspection Request for Existing On-site Sewage Disposal Systems

Instructions: Please fill out this form completely, sign, and return to Platte County Health Center, 212 Marshall, Platte City, MO 64079.

Include a check or money order in the amount of \$75.00 made payable to Platte County Health Center. Do not send cash.

It is the responsibility of the requestor to open the septic tank for the initial inspection and stress test*. Also, it is the responsibility of the requestor to coordinate a meeting between a septic tank pumping contractor and a representative of the Platte County Health Center.

Address of Property:		Section	Township	Range			
Owner(s) of Property:		Subdivision:			Lot #:	Block #:	
Directions to Property:							
Inspection Requested By:				Mailing Address of Requestor:			
Phone #:		Fax #:		City:		State:	Zip:
General Information							
Water Supply: () Public () Private		Lot Size:	House Construction Date:		Automatic Dishwasher: () Yes () No		
Number of Bedrooms:	Abandoned Wells or Cisterns: () Yes () No		Jacuzzi: () Yes () No		Garbage Disposal: () Yes () No		
Type of Sewage System:					Is House Vacant: () Yes () No		
Special Instructions:					If yes, how long? _____ days		
Signature of Requestor:			Dogs on Property: () Yes () No		Date:		OFFICE USE ONLY
							Date Received:

*The stress test must be conducted before the septic tank is "pumped out".