

Clay County Health Department

18 N Walnut Street

Brazil, IN 47834

Realty Inspection

Request for evaluation of water and sewage disposal systems.

Date Received: _____

Requested By: _____ Title _____

Contact Person: _____ Phone: _____

Present Owner: _____ Phone: _____

.....
Address and directions to home to be inspected: _____

Township: _____ Year Constructed: _____

Occupied: _____ Vacant _____ (Date Last Occupied if Vacant) _____

Water Supply: Private _____ Municipal _____

Sewage System: Private _____ Municipal _____

Service Desired: Well & Septic _____ Well only _____ Septic Only _____

FEE: \$100.00 with Application

Mail Report To: _____

Applicant's Signature: _____

Date: _____