



**CARROLL COUNTY
GENERAL HEALTH DISTRICT**
Healthy People — Safe Communities

Payment Received: _____
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CARROLL COUNTY GENERAL HEALTH DISTRICT POINT-OF-SALE APPLICATION

Point of Sale Re-Inspection Fee \$100.00

Name: _____ **Phone:** _____

Address: _____

Email: _____

Location to be evaluated: _____

Address: _____ **City:** _____

Zip code: _____ **Township:** _____

Reason for Re-Inspection:

I, the undersigned, acknowledge that the conclusions in this evaluation are opinions based on written documentation available in the Carroll County General Health District's (CCGHD) archives and a visual inspection of accessible components of the sewage treatment system. I also understand that the conclusions and results of this evaluation do not guarantee the future performance of the sewage treatment system.

I acknowledge that I have read and understand the regulations for the Point-of-Sale evaluation of the property stated above. Furthermore, the evaluation will determine if the septic system is working effectively, and I understand that if the septic system is creating a public health nuisance, the CCGHD will require necessary actions to bring the septic system into compliance.

Signature

Date