



# Panhandle Health District

*Healthy People in Healthy Communities*

**Public Health**  
Prevent. Promote. Protect.

**Panhandle Health District**

## MORTGAGE SURVEY APPLICATION

Application Fee: \_\_\_\_\_ EHS: \_\_\_\_\_ Clerical: \_\_\_\_\_

File #: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_

Parcel #: \_\_\_\_\_

Acres: \_\_\_\_\_

Property Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Legal Description:

Section

Township

Range

County

Subdivision:

Lot

Block

Directions (nearest crossroad): \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant is: ☐ Landowner ☐ Lending Institution ☐ Agent ☐ Other

Owners Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Inspection Requested: ☐ Sewage Only ☐ Sewage & Water ☐ Water Only

### WATER SYSTEM INFORMATION

Type of Septic System: ☐ Private Septic System ☐ Public Septic or Sewer System Name: \_\_\_\_\_

Prior Septic Permit Number: \_\_\_\_\_ Year Installed (if a septic system): \_\_\_\_\_

Owner of Property at the Time of Installation: \_\_\_\_\_

### WASTEWATER DISPOSAL INFORMATION

Water Source Type: ☐ Drilled Well ☐ Dug Well ☐ Spring ☐ Surface Water ☐ 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 ☐ Nitrite ☐ 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 is non-transferrable between property owners and/or project sites.**



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Please draw an aerial view of the property showing the outline of buildings, property lines, well location(s), water lines, water system components, location of septic tank and drainfields, location of drainfield replacement area, ditches and streams, easements and right of ways, driveway and parking area, cut banks, and location of street or road.

### PLOT PLAN

SCALE: 1" = \_\_\_\_'



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 the information in the Mortgage Survey report nullified. I hereby authorize the Health District to have access to this property for the purpose of conducting a Mortgage Survey.