

SEWAGE SYSTEM INSPECTION ORDER FORM

REALTOR: Agency Name: _____

Agent Name: _____ E-mail: _____

Address: _____

Phone: _____ (Work) _____ (Home) _____

SELLER: Name: _____ # in Family _____

Address: _____

Phone: _____ (Work) _____ (Home) _____

Seller Agent: _____ E-Mail: _____

LOCATION: Legal Description: _____ Year Built _____ Acres _____

Directions: _____

BUYER: Name: _____ # in Family _____

Address: _____

Phone: _____ (Work) _____ (Home) _____

TYPE OF SEWERAGE SYSTEM: Lagoon _____ Septic Tank _____ Other _____

WATER SUPPLY: Rural Water _____ Well Water _____ Other _____

WELLS: Yes _____ No _____ Location: _____

CISTERNS: Yes _____ No _____ Location: _____

LENDER: Name: _____

Address: _____

Loan Officer: _____ Phone: _____ Closing Date: _____

Loan Officer E-mail: _____

INSPECTION ORDERED BY: _____ Date: _____

TITLE COMPANY: _____