

Time of Transfer Inspection Application

Union County Environmental Health

Amanda Husband, Environmental Specialist

705 East Taylor Street Ste.#2

Phone: (641)-782-7803

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CRESTON, IA 50801

PLEASE PRINT CLEARLY. Incomplete Application will not be approved

Applicant Information: Buyer Realtor Attorney Seller/Owner

First Name

Last Name

Home Phone

Cell Phone

Mailing Address

City

State

Zip Code

Applicant Email Address: _____

Owner Name & Address: _____

Address of Site

City

State

Zip Code

Additional Contacts to have report sent to:

Buyer Realtor Attorney Other Email Address: _____

Buyer Realtor Attorney Other Email Address: _____

Buyer Realtor Attorney Other Email Address: _____

Type of Construction:

Home Garage or Shop Business

Number of Bedrooms: _____

Existing Wells: Yes No Location of well(s): _____
Heat Pump Wells: Yes No

I hereby certify that the above information is correct to the best of my knowledge and I agree that the system shall be exposed for inspection. I also agree that the septic tank(s) will be pumped at the homeowner's expense or provide proof they have been pumped in the last three years with documentation of condition. I further, grant permission for an inspection of the existing septic system for the real estate property listed above.

Applicant

Date

Fees Payable To: Union County Environmental Health

Time of Transfer Inspection Fee: **Does not include septic tank pumping******

\$450.00 Lateral System

\$525.00 Alternative System-----Sample needs to be taken (discharging systems).

Non-Refundable or Transferable

(Official Use Only)

Check No: _____ Receipt No: _____

Updated 4/2021