



# CARROLL COUNTY HEALTH DEPARTMENT

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Emily Backer MD, Health Officer

**Environmental Health Division**

**Kevin L. Fesler, Sanitarian**

## INSPECTION REQUEST FORM

Date: \_\_\_\_\_

Site:

Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Requestors Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_ Address: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Type of Inspection

<b>Animals</b>	<b>Water Quality</b>	<b>Septic System</b>	<b>Housing</b>
Land Application	Drinking Water	Visible Failure	Trash
Manure	Stream Pollution	Non-Functioning	Water
Odors	Swimming Pools	Final Inspection	Tires
			Insects/Rodents

### Description:

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### Follow Up:

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