

INSTRUCTIONS FOR WATER SUPPLY/SEWAGE DISPOSAL EVALUATION APPLICATION

PART I: Please complete the enclosed application. It is most important to answer all of the questions on the front and back of the application. On the second line, please check which type of evaluation is requested. We must have a complete address of the property, including township, section number, and driving directions.

List the names and addresses of the buyers and sellers where applicable and phone numbers where they can be reached at work and at home. If there is a mortgage company or lending institution involved, we need the name and address. List the complete name and address of the real estate agency if there is one, also the sales agent's name.

Please list the **contact person**. This is the person who we will contact to make an appointment with and gain access to the house. We must have a phone number for the contact person. The Environmental Health Specialist will contact this person to make an appointment to complete the evaluation. Samples can only be taken on a Monday, Tuesday, or a Wednesday when sample analysis is done through the State of Michigan.

Please list who the report is to be sent to along with a complete address.

PART II: Please **complete** the back portion of this application. Be sure to answer the questions on the top of the page. These are necessary to complete a file search for any records this department may have on file. If the property is in a subdivision, please list the name and lot number. If the name of the previous owner(s) or builder is known, please list those also.

Complete the plot plan. Please show where the sewage system and water well are located on the property. Also include the location of neighbor's sewage systems and water wells. Include road(s) that adjoin the property. Also include any fuel storage tanks, buried, above ground, or in a basement. (An example is enclosed.)

PLEASE NOTE: If the Environmental Health Specialist or Environmental Health Clerk is unable to process the application paperwork due to a lack of information or a complete plot plan, the application paperwork **will** be returned to the applicant.

PART III: Determine the fee for application as follows:

Sewage system evaluation only.....	\$190.00
Water supply evaluation only	\$203.00
Combined evaluation-water and sewage	\$317.00
Lead Water Testing	\$70.00

Please be sure to inform the Health Department if you need Lead Water sampling at the time of your application. You will be charged **another Water Supply Evaluation fee if our Department must make an additional site visit to re-sample Lead.**

PLEASE NOTE: Regular Water Testing Fees have been included in the fees above.

Please make **ONE** check payable to:

Mid-Michigan District Health Department (MMDHD)

Send check and application forms to one of the following addresses according to the location of your property:

Clinton Branch Office
1307 E. Townsend Rd.
St. Johns, MI 48879
(989) 227-3110

Gratiot Branch Office
151 Commerce Dr.
Ithaca, MI 48847
(989) 875-1002

Montcalm Branch Office
615 N. State St., Ste 1
Stanton, MI 48888
(989) 831-3607

IMPORTANT NOTES TO REMEMBER:

1. All water samples will be sent to the state lab in Lansing unless prior arrangements have been made with a private laboratory. Consult the Environmental Health Specialist for further information.
2. Septic tanks **are required to be pumped** and a completed "pump card" received in this department **prior** to the release of the report.
3. Lack of completed information on the application may result in it being sent back to the applicant, creating unwanted delays in processing.
4. We do not release partial reports.



MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

An Accredited Local Public Health Department

www.mmdhd.org

CLINTON
Branch Office
1307 E. Townsend Rd.
St. Johns, MI 48879-9036
(989) 224-2195

GRATIOT
Branch Office
151 Commerce Drive
Ithaca, MI 48847-1627
(989) 875-3681

MONTCALM
Branch Office
615 N. State St., Ste. 1
Stanton, MI 48888-9702
(989) 831-5237

ADMINISTRATIVE OFFICES
615 N. State St. Ste. 2
Stanton, MI 48888-9702
(989) 831-5237

MARK W. (MARCUS) CHEATHAM
Health Officer

JENNIFER MORSE, MD
Medical Director

EVALUATION APPLICATION WATER SUPPLY-SEWAGE DISPOSAL SYSTEM

The purpose of a water supply/sewage disposal system evaluation is to provide a skilled, professionally objective review of the condition of the existing individual water supply and sewage disposal systems. Since many factors contribute to the proper functioning or failure of water supply or sewage disposal system, observations made and statements made in the final report do not constitute a guarantee by Mid-Michigan District Health Department that successful operation is assured.

EVALUATION REQUESTED: WATER SUPPLY _____ LEAD? _____ SEWAGE DISPOSAL _____

PROPERTY LOCATION: PARCEL TAX ID# _____

ADDRESS _____ CITY _____

TOWNSHIP _____ SECTION _____

DIRECTIONS _____

SELLER/OWNER: NAME _____

ADDRESS _____

PHONE: HOME _____ WORK _____

BUYER: NAME _____

ADDRESS _____

PHONE: HOME _____ WORK _____

MORTGAGE COMPANY: NAME _____

REAL ESTATE AGENCY: NAME _____

SALES AGENT: NAME _____

CONTACT PERSON: NAME _____ PHONE _____

SEND REPORT TO: NAME _____

ADDRESS _____

COMPLETE BACK PORTION OF APPLICATION WITH PLOT PLAN

NOTE:

PLEASE PROVIDE THE FOLLOWING INFORMATION. COMPLETION OF THIS INFORMATION AIDS IN RECORD SEARCH AND AVOIDS DELAYS IN SCHEDULING. LACK OF THE FOLLOWING INFORMATION CAN PREVENT THE SCHEDULING OF THE EVALUATION.

SUBDIVISION NAME _____ LOT NUMBER _____

AGE OF HOUSE _____ PREVIOUS OWNER(S)/BUILDER _____

AGE OF WELL _____ AGE OF SEWAGE DISPOSAL SYSTEM _____

OR ON PUBLIC SEWER _____ WATER _____

APPLICANT'S SIGNATURE: _____

PLOT PLAN – SHOW LOCATION OF SEPTIC TANK(S), DRAINFIELD(S), WATER WELL(S), FUEL TANKS, ROADS, HOUSE, AND DISTANCE FROM PROPERTY LINES.

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Mid-Michigan District Health Department

mmdhd.org

Clinton Branch Office

1307 E. Townsend Rd.
St. Johns, MI 48879
(989) 227-2195
Fax (989) 224-4300

Gratiot Branch Office

151 Commerce Dr
Ithaca, MI 48847
(989) 875-3681
Fax (989) 875-1049

Montcalm Branch Office

615 N. State St., Ste 1
Stanton, MI 48888
(989) 831-5237
Fax (989) 831-9227

ON-SITE SEWAGE SYSTEM PUMP CARD

(To be completed by Septic Hauler)

Property address _____

Owner _____ Township _____ Section _____

Date of Service _____ Tanks Serviced: 1st 2nd 3rd

Volume of tank(s) _____ - _____ - _____

Was the outlet baffle in place? Yes No Not Determined

Was there an effluent filter? Yes No Not Determined

Were there any signs of system failure? Yes No Not Determined

COMMENTS: _____

Provide a sketch showing the general location of the septic tank in relation to the house, well, or other property feature. PLEASE USE DIMENSIONS WHERE POSSIBLE.

I certify that the findings reported above are accurate and were obtained through my personal observations and measurements on the date specified, unless otherwise noted.

Signature

Date

Company

License Number