

**DISTRICT HEALTH DEPARTMENT NO. 2  
REQUEST FOR EVALUATION OF WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM**

Address of Property \_\_\_\_\_ Tax ID # \_\_\_\_\_

Township \_\_\_\_\_ Section # \_\_\_\_\_ Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Lot/Parcel Size \_\_\_\_\_ City \_\_\_\_\_ Lake \_\_\_\_\_

Road Directions \_\_\_\_\_

Requested by \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Purpose of Evaluation \_\_\_\_\_ Water \_\_\_\_\_ Septic \_\_\_\_\_ Both \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Mail or Fax Report to \_\_\_\_\_

\_\_\_\_\_ Fax# \_\_\_\_\_

Owner \_\_\_\_\_ Previous Owner \_\_\_\_\_

Buyer (if involving a sale) \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Is Dwelling occupied? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, last known date of occupancy \_\_\_\_\_

No. of Bedrooms \_\_\_\_\_ Garbage Disposal Yes \_\_\_\_\_ No \_\_\_\_\_ Water Treatment Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_

Does premise contain a gasoline or fuel oil storage tank? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give location of tank \_\_\_\_\_

Available Municipal: Water Supply: Yes \_\_\_\_\_ No \_\_\_\_\_ Sanitary Sewer: Yes \_\_\_\_\_ No \_\_\_\_\_

**The water evaluation includes one (1) partial chemistry and one (1) bacteria sample only. Any additional visits will be charged \$33.00 each - laboratory fees not included. Lab fees are to be paid by the applicant.**

This evaluation is based upon observations by trained Environmental Health Personnel of obvious conditions present at the time of evaluation. It does not indicate an opinion that proper construction methods of sewage systems were utilized. Since many factors contribute to the functioning of a sewage disposal system or water supply, any departure from approved construction methods may affect its continued function.

I ACKNOWLEDGE AND AGREE that District Health Department No. 2, its departments, officers, agents and employees, including, without limitation, are not responsible for any loss allegedly due to any act or omission in connection with the performance of the evaluation requested herein.

Owner/Applicant \_\_\_\_\_ Date \_\_\_\_\_

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**Health Dept. Use Only**

Service Desired: Well & Septic \_\_\_\_\_ Fee \$ \_\_\_\_\_ Receipt # \_\_\_\_\_  
Well Only \_\_\_\_\_ Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash: Yes \_\_\_\_\_ No \_\_\_\_\_  
Septic Only \_\_\_\_\_ Fee \$ \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Fees include laboratory costs for (1) bacteria and (1) partial chemistry sample. Additional fees will be incurred if more extensive water sampling is required or a repeat sample is necessary. Any additional visits will be charged \$33.00 - lab fees not included. The applicant is to pay the lab fees. A processing fee will be charged if a refund is requested and granted.

DHD #2 630 Progress St. West Branch, MI 48661 989-345-5020	DHD #2 420 W Lake St. Tawas City, MI 48764-0098 989-362-6183	DHD #2 311 Lake St. Harrisville, MI 48740 989-724-6757	DHD #2 393 S Mt Tom Mio, MI 48647 989-826-3970
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**Health Dept. Use Only**

On-Site Sewage System

Record of permit available? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_ Permit# \_\_\_\_\_

Final Approval Date \_\_\_\_\_ Installation Record Date \_\_\_\_\_

Evidence of failure/malfunction? Yes \_\_\_\_\_ No \_\_\_\_\_ Water or Sludge in Stone? Yes \_\_\_\_\_ No \_\_\_\_\_

Tank Size: Required \_\_\_\_\_ Existing \_\_\_\_\_ Last time pumped? \_\_\_\_\_

Field Size: Required \_\_\_\_\_ Existing \_\_\_\_\_ Type \_\_\_\_\_

Suitability of on-site soils: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ Unable to determine \_\_\_\_\_

Existing System in substantial compliance within DHD#2 Regulations\* Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Environmental Health Regulations

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On-Site Water Supply

Record of Notification Form? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_ Notification Form # \_\_\_\_\_

Meets minimum construction standards\*\* Yes \_\_\_\_\_ No \_\_\_\_\_ Well Record? Yes \_\_\_\_\_ No \_\_\_\_\_

Meets minimum isolation distance? Yes \_\_\_\_\_ No \_\_\_\_\_ Capacity Satisfactory? Yes \_\_\_\_\_ No \_\_\_\_\_

Known water supply problem in area? Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_

Location \_\_\_\_\_

Bacteriologically safe? Yes \_\_\_\_\_ No \_\_\_\_\_ Date sample taken \_\_\_\_\_

Nitrate levels below 10.0 mg/l? Yes \_\_\_\_\_ No \_\_\_\_\_ Levels \_\_\_\_\_ Date sample taken \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*Act 368, P.A. of 1978, Part 127, Ground Water Quality Control & Act 399, P.A. of 1976

Evaluation Conducted by \_\_\_\_\_

Date \_\_\_\_\_

**DISTRICT HEALTH DEPARTMENT NO. 2**  
**INTERNAL GUIDANCE**

**Program:** Evaluation of Existing On-Site Sewage Disposal Systems & On-Site Water Supplies

**Date:** July 8, 1998

**Subject:** Standard Operating Procedures

The following procedures will apply to evaluations for mortgage, evaluations to secure building permits or zoning approvals and private requests.

1. Clients may request information on file regarding details of an individual water supply and/or sewage disposal system.
2. The agency reviews files to locate records on a water supply and sewage disposal system.
3. Final approvals:
  - a) If records reveal a permit or notification form with a final approval then the agency may issue a verbal or written statement that the water supply or sewage disposal system was installed and inspected and found to be in compliance with applicable regulations as of the date of the final approval.
  - b) An affidavit or installation record signed by the septic installer and the agency is to be considered equivalent to a final approval for the purposes of determining compliance for a sewage disposal evaluation. Permits, affidavits, installation records and notification forms without final approvals or signatures are not to be considered equivalent to a final approval. Compliance with applicable regulations is unsubstantiated in those cases.
4. Requests for records should be made in writing and the agency shall fax or mail the requested records within five (5) working days. All requests for records must be documented by the agency and attached to the record of inquiry.
5. If a field visit is requested:
  - a) The applicant must complete the proper application form and pay the fee. The applicant must pay all laboratory fees for water sampling.
  - b) The applicant is responsible to uncover the septic tank(s) and absorption area(s) as described on the handout.
  - c) The applicant must contact the agency once the system is uncovered and arrange a time for the evaluation.
  - d) Once contacted, the agency must visit the site within eight (8) working days by virtue of Board of Health directive.
6. The agency shall complete the evaluation form and attach any applicable record(s).
7. The applicant shall be contacted via mail, telephone or facsimile within two (2) working days after completion of the evaluation. A completed evaluation includes a copy of the water sample results.
8. Any items found to be in non-compliance with applicable regulations are to be described in writing on the evaluation form.
9. This evaluation report will be considered valid for one (1) year from the date of the evaluation.

**Substantial Compliance** for the purposes of this sewage disposal evaluation shall mean:

1. A final approval on the sewage disposal system. No evidence of failure, malfunction or contamination as described below. The approved size must be within one bedroom of the current size or the proposed size.
2. In the absence of a final approval:
  - a) The size of the sewage disposal system shall be within one bedroom of the regulation's requirements.
  - b) 2) There is no evidence of malfunction or failure. "Malfunction" includes: the drainfield loading with sludge, sewage effluent, or surface or ground water; or the septic tank or pump tank over filling beyond design capacities. "Failure" includes sewage effluent erupting from the system and surfacing on the ground surface or backing up into the sewer line between the tank(s) and house or building.
  - c) 3) There is no evidence of the system being a public health or safety hazard, a public nuisance or causing excessive degradation of the natural environment, in accordance with Item 3.24 of the Environmental Health Regulations.
3. Acceptable isolation is maintained from surface water and water wells. Substantial conformance may be granted when minimum isolation distances are not met provided there is not suitable space available and/or the intent of applicable regulations is not compromised.