

**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 _____

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 _____

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 cost for bacteria and nitrate samples. Additional fees will be incurred if more extensive water sampling is required. 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

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

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 _____

