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

Well & Septic________ Fee $ __________________________
Well Only____________ Fee $ __________________________
Septic Only_________ Fee $ __________________________
Water Sample Collection Only Fee $ __________________________

Lab Fees $ Total Due $

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 $82.00 - 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. This fee shall not apply toward a septic permit.

DHD #2 DHD #2 DHD #2 DHD #2
630 Progress St. 420 W Lake St. 311 Lake St. 393 S Mt Tom

Word u: MiscForms
### 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**_________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

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**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**_________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________


**Samples to be collected**

**Services Conducted by**______________________________________________________

**Date____________________________**
Note: This fee shall not apply toward a septic permit.