DISTRICT HEALTH DEPARTMENT NO. 2

REQUEST FOR EVALUATION OF WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

PURPOSE OF EVALUATION _____

EVALUATION TYPE: ☐ **WELL ONLY** ☐ **SEPTIC ONLY** ☐ **WELL & SEPTIC** ☐ **WATER SAMPLES ONLY**

PROPERTYADDRESS_____**CITY**_____

TAX ID NO. _____ **LOT/PARCEL SIZE** _____ **SECTION NO.**_____

TOWNSHIP_____**SUBDIVISION**_____**LOT NO.** _____

EVALUATION REQUESTED BY_____ **PHONE**(____)_____

CONTACT PERSON_____ **PHONE**(_____)_____

BUYER (IF INVOLVING A SALE)_____ **PHONE**(___)_____

OWNER_____**PREVIOUS OWNER**_____

DIRECTIONS TO PROPERTY_____

MAIL OR FAX REPORT TO_____

IS DWELLING OCCUPIED? ☐ **YES** ☐ **NO** **IF NO, LAST KNOWN DATE OF OCCUPANCY**_____

NUMBER OF BEDROOMS _____**GARBAGE DISPOSAL** ☐ **YES** ☐ **NO** **SEWAGE EFFLUENT PUMP** ☐ **YES** ☐ **NO**

WATER TREATMENT SYSTEM? ☐ **YES** ☐ **NO** **TYPE**_____

FUEL STORAGE TANK ON PREMISE? ☐ **YES** ☐ **NO** **LOCATION OF TANK**_____

MUNICIPAL WATER SUPPLY AVAILABLE? ☐ **YES** ☐ **NO** **MUNICIPAL SEWER AVAILABLE?:** ☐ **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. **Note: Fees shall not apply toward a permit.**

Owner/Applicant_____ Date_____

HEALTH DEPTARTMENT USE ONLY

☐ **WELL & SEPTIC**	**FEE $**_____	☐ **WELL ONLY**	**FEE $**_____
☐ **SEPTIC ONLY**	**FEE $**_____	☐ **WATER SAMPLE ONLY**	**FEE $**_____
LABORATORY FEE	**FEE $** _____	**FEE $** _____	**TOTAL DUE $** _____
WATER SAMPLE REQUESTED _____		_____	_____
NEXUS NO. _____		**RECEIPT NO.** _____	**DATE** _____

ON-SITE SEWAGE SYSTEM EVALUATION

EXISTING PERMIT AVAILABLE? ☐ YES ☐ NO DATE_____PERMIT NO. _____

FINAL INSPECTION/ INSTALLATION APPROVAL 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 WITH DHD NO.2 REGULATIONS/POLICIES* ☐ YES ☐ NO

COMMENTS_____

_____

***ENVIRONMENTAL HEALTH REGULATIONS & DHD2 POLICIES & PROCEDURES**

ON-SITE WATER SUPPLY EVALUATION

EXISTING NOFO/PERMIT FORM? ☐ YES ☐ NO DATE_____PERMIT NO. _____

WELL RECORD AVAILABLE? ☐ YES ☐ NO CONSTRUCTION STANDARDS MET? ** ☐ YES ☐ NO

CAPACITY SATISFACTORY? ☐ YES ☐ NO MINIMUM ISOLATION DISTANCE MET? ☐ YES ☐ NO

KNOWN WATER SUPPLY ISSUE IN AREA? ☐ YES ☐ NO TYPE _____

LOCATION_____

BACTERIOLOGICAL SAMPLE RESULT _____DATE SAMPLE TAKEN_____

NITRATE SAMPLE RESULT _____DATE SAMPLE TAKEN_____

COMMENTS_____

_____

****ACT 368, P.A. OF 1978, PART 127, GROUND WATER QUALITY CONTROL & ACT 399, P.A. OF 1976 & DHD2 POLICIES & PROCEDURES**

WATER SAMPLE COLLECTION ONLY

BACTERIOLOGICAL SAMPLE RESULT _____DATE SAMPLE COLLECTED_____

NITRATE SAMPLE RESULT _____DATE SAMPLE COLLECTED_____

OTHER SAMPLE RESULT(S) _____ DATE SAMPLE COLLECTED_____

OTHER SAMPLE RESULT(S)_____DATE SAMPLE COLLECTED_____

KNOWN WATER SUPPLY PROBLEM IN AREA? ☐ YES ☐ NO TYPE_____

LOCATION_____

COMMENTS_____

_____

SERVICES CONDUCTED BY _____ DATE _____

Rev. 2/1/21