

## **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 tax ID#, 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 during the day. If there is a mortgage company or lending institution involved, include 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. Water samples can only be taken certain days of the week when sample analysis is available through Kent County Regional Laboratory.

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

**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:

**Fees for Clinton County and Gratiot County**

Sewage system evaluation only.....	\$194.00
Water supply evaluation only .....	\$207.00
Combined evaluation-water and sewage .....	\$324.00
Lead Water Testing .....	\$71.00

**Fees for Montcalm County**

Sewage system evaluation only.....	\$204.00
Water supply evaluation only .....	\$217.00
Combined evaluation-water and sewage .....	\$344.00
Lead Water Testing .....	\$81.00

\*\*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 Kent County Regional Lab 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](http://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, MPH, FAAFP**  
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: \_\_\_\_\_

BUYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_

MORTGAGE COMPANY: NAME \_\_\_\_\_

REAL ESTATE AGENCY: NAME \_\_\_\_\_

SALES AGENT: NAME \_\_\_\_\_

CONTACT PERSON: NAME \_\_\_\_\_ PHONE \_\_\_\_\_

SEND REPORT TO: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL 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.**

---

N

W

E

S

# 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:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

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