Existing System Instructions

**MUST** be done prior to the sanitarian coming out to do evaluation. You do not need to be present for inspection. Please call the office to let secretary know when site is ready.

* Written documentation from the current property owner must accompany the application allowing a DHD#4 sanitarian permission to enter the property! *

**Septic:**
- Locate and expose lid of septic tank
- Expose the 4 corners of the drainfield to expose the tile
- Locate and mark the well

**Well:**
- Locate and mark the septic tank and drainfield
- Wellhead needs to be accessible
- Need to be able to collect water samples
DISTRICT HEALTH DEPARTMENT #4
EXISTING SYSTEM/MORTGAGE EVALUATION APPLICATION

☐ Septic Only    ☐ Well Only    ☐ Septic and Well

Alpena County
100 Woods Circle
Suite 200
Alpena, MI 49707
989-356-4507

Cheboygan County
Doris E. Reid Center
825 S. Huron St.
Cheboygan, MI 49721
231-627-8850

Montmorency County
PO Box 183
12519 State St.
Atlanta, MI 49709
989-785-4428

Presque Isle County
106 E. Huron Ave.
Suite A
Rogers City, MI 49779
989-734-4723

Applicant Name: ___________________________ Applicant Phone #: ___________________________

Home Owner Name: ___________________________

Dwelling Address: ___________________________
Street
City
State
Zip

Parcel ID #: ________________________________ Township: ________________________________

T: _______ R: _______ Section: #__________ Subdivision: ________________________________ Lot: _______

Directions to Dwelling: ___________________________

Description of Project: ___________________________

Approximate Date of House Construction: _________ Septic Construction: _________ Well Construction: _________

ACKNOWLEDGEMENT:
This survey is not intended as an approval or disapproval of the well or the sewage disposal system. The information provided is based on skilled observation by trained Environmental Sanitarians and is indicative of the conditions present at the time of the survey. It is expected that the lending institution shall make all appropriate decisions as to suitability. Records relating to this survey are available upon request.

Since many factors contribute to the function of a water supply or sewage disposal system, any charge in circumstances may affect its continued function. I ACKNOWLEDGE AND AGREE that District Health Department #4, its divisions, board, officers, agents, and employees are not responsible for any loss allegedly due to any act or omission in connections with the performance of the survey requested herein:

Date: ___________________________ Signature of Property Owner: ___________________________
[ ] or see attached authorization

Date: ___________________________ Signature of Applicant: ___________________________

MAIL REPORTS TO:

Name: ___________________________ Name: ___________________________
Address: ___________________________ Address: ___________________________
City, State, Zip: ___________________________ City, State, Zip: ___________________________
Email: ___________________________ Email: ___________________________
Phone: ___________________________ Phone: ___________________________
Fee: $_______ Chk. # ________ Rcpt. # ________ Date: __________ Received by: __________

DHD No. 4 EH-43a