Application for Existing Private Onsite Water & Wastewater System Inspection

District Health Department #4

Serving the counties of Alpena, Cheboygan, Montmorency and Presque Isle

The purpose of this application is to allow District Health Department #4 (DHD#4) to evaluate existing on-site sewage treatment systems and private water supplies using the Sanitary Code to determine and report on their status. This is intended to protect the public health and environment for homeowners, buyers, sellers and identify any problems that must be corrected in accordance with DHD#4 Sanitary Code adopted under authority of the Public Health Code, PA 368 of 1978 as amended.

[ ] Water Supply System [ ] Sewage Disposal System [ ] Sewage Disposal & Water Supply Systems

Property Information

Reason for Inspection: [ ] Real Estate Transfer/Refinance [ ] Change of Use (Non-Residential Only)
[ ] Addition/Remodel [ ] New Build [ ] Other:_____
Property Address: _____ City: _____ Zip Code: _____
County: _____ Township: _____ Lot#: _____ Subdivision: _____
Property Tax ID#: _____ T: _____ R: _____ Sec: _____ # of Bedrooms: _____
If Remodel, # of Bedrooms When Finished: _____ Lot or Acreage Dimensions: _____
Owner of property at time sewage/well system was installed, if known: _____
Date of installation: Septic _____ Well _____ House_____ Is the Power On? **[ ] YES [ ] NO**
Directions to site: (include name of nearest crossroad/landmarks/neighboring house number) THIS IS REQUIRED.
_____
_____
_____

Applicant Information [ ] OWNER [ ] BUYER [ ] CONTRACTOR [ ] REAL ESTATE AGENT

Name: _____ Email: _____
Mailing Address: _____ City: _____ State: _____
Zip Code: _____ Home Phone: _____ Cell/Work Phone: _____

Property Owner Information (if different than applicant)

Name: _____ Email: _____
Mailing Address: _____ City: _____ State: _____
Zip Code: _____ Home Phone: _____ Cell/Work Phone: _____

Property Description

Non-Residential Current Use (describe): _____
Non-Residential Proposed Use (describe): _____
Property Occupied? **[ ] Yes [ ] No** If not, last occupancy date: _____

SEND REPORT TO: [ ] OWNER [ ] APPLICANT [ ] LISTED CONTRACTOR

Date Received:_____Amount Received:_____ Cash [ ] CC [ ] Check #: _____ Receipt Number:_____

Application Continued

Sewage System: Date Installed: _____ Permit #: _____ Tank Size: _____
Tank Last Pump Date: _____ Drain bed Size: _____ Installer: _____
Does the sewage disposal system function properly? **[ ] Yes [ ] No**
Has the sewage system backed up, slow drains or surfaced on the ground? **[ ] Yes [ ] No**
Does the house have a garbage grinder/disposal? **[ ] Yes [ ] No**
Does the house have a water softener or water treatment system? **[ ] Yes [ ] No**
Does the water treatment system discharge into the sewage disposal system? **[ ] Yes [ ] No**
Does the house have laundry facilities? **[ ] Yes [ ] No**
Is there a separate sewage system that serves a different part of the house? **[ ] Yes [ ] No**
Are roof drains, footing drains or sump pump discharge plumbed into sewage system? **[ ] Yes [ ] No**

Water Supply: Date Installed: _____ Permit #: _____ Well Driller: _____
Is the water supply adequate and of good quality? **[ ] Yes [ ] No**
Distance between well and sewage disposal system in feet: _____
Is the well in a pit? **[ ] Yes [ ] No** Is the wellhead buried? **[ ] Yes [ ] No**
Do you want other water samples (additional fees apply) LIST: _____

Please complete a detailed site sketch on the provided form, include the following:

1. Property lines/dimensions
2. Location of any buildings – include distance to roads/landmarks
3. Well locations- (proposed and/or existing) distance to septic/drainfield
4. Neighboring well/septic system location
5. Septic tank and drainfield location(s) – proposed and/or existing
6. Location(s) of streets/roads
7. Location(s) of body(ies) of water
8. Location(s) of underground and above ground fuel storage tanks
9. Test hole locations
10. Indicate proposed addition/changes to existing buildings for remodeling
11. Attach existing and proposed floor plan for remodeling
12. Location of utilities; i.e. electric, gas and phone

I hereby authorize District Health Department #4 to access the above described property to determine its suitability for the development plans indicated, to conduct such tests as may be necessary in order to obtain information required for this evaluation, and to conduct inspections of permitted facilities. I also agree to comply with the requirements of the Sanitary Code for the District, and with the applicable laws of the State of Michigan.. I hereby affirm that information contained on this application is true to the best of my knowledge. I further agree to have all underground utilities marked prior to any health department activity on the property and understand if I fail to do so, I will accept all liability and/or any penalties or fees associated with violations of Public Act 174 as amended.

Signature of Owner/Agent: _____ Date: _____