



Application for Existing Private Onsite Water & Wastewater System Inspection

Central Michigan District Health Department

Serving the counties of Arenac, Clare, Gladwin, Isabella, Osceola and Roscommon

The purpose of this program is to allow the Central Michigan District Health Department (CMDHD) 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, environment for homeowners, buyers, sellers and identify problems that are found and must be corrected in accordance with the Sanitary Code of the CMDHD adopted under authority of the Public Health Code, PA 368 of 1978 as amended.

Property Information

Reason for Inspection: Real Estate Transfer/Refinance Addition/Remodel New Build
 Change of Use (Non-Residential Only)

Property Address: _____ City: _____ Zip Code: _____

County: _____ Township: _____ Lot #: _____ Subdivision: _____

Property Tax ID #: _____ Section: _____ Residential Bedrooms: _____

If Remodel/Number of Bedrooms When Finished: _____ Lot or Acreage Dimensions: _____

Owner of property at time sewage/well system was installed, if known: _____

Is the power on? YES NO

Directions to site: (include name of nearest crossroad/landmarks/neighboring house number)

Applicant Information: OWNER BUYER CONTRACTOR REAL ESTATE AGENT

Name: _____ Email: _____

Driver's License Number: _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell/Work Phone: _____ Fax: _____

Property Owner Information (if different than applicant)

Name: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell/Work Phone: _____ Fax: _____

SEND REPORT TO: OWNER BUYER CONTRACTOR REAL ESTATE AGENT

DELIVERY PREFERENCE: EMAIL REPORT MAIL REPORT FAX REPORT

COMPLETE DRAWING AND ADDITIONAL REQUIRED INFORMATION ON REVERSE.

Office Use Only: Date Received: _____ Amount Received: _____ Cash: _____ Check: _____ CC: _____
Receipt Number: _____

Property Description

Non-Residential Current Use (describe): _____

Non-Residential Proposed Use (describe): _____

Property Occupied? _____ If not occupied, last occupancy date: _____

Sewage System: Date Installed: _____ Permit # _____ Tank Size: _____

Tank Last Pump Date: _____ Drained Size: _____ Installer: _____

(Recommend tank(s) be pumped and arranged for coordination with our site visit.)

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: _____

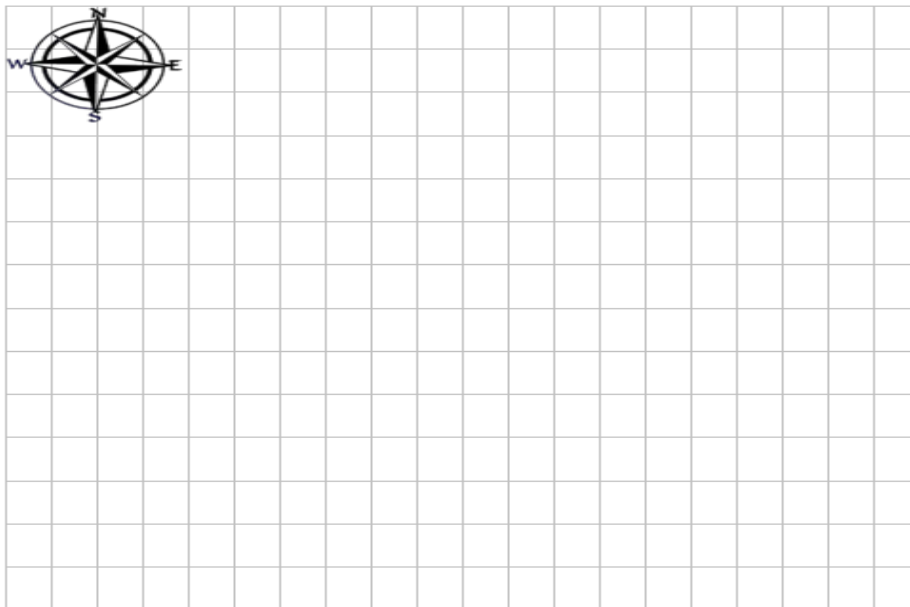
Is the well in a pit? YES NO **Is the wellhead buried?** YES NO

Do you want other water samples (additional fees apply) LIST: _____

INCLUDE ON SKETCH:

1. Property lines/dimensions
2. Location of any buildings – include distance to roads/landmarks
3. Well locations - (proposed and/or existing) distance to septic/drain field
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 additions/changes to existing buildings for remodeling
11. Attach existing and proposed floor plan for remodeling.
12. Location of utilities; i.e. electric, gas, phone

PLEASE COMPLETE A SITE PLAN SKETCH BELOW



This department requires that the owner or his/her representative draw a site plan and directions to the property described above. Failure to draw a site plan, or provide adequate directions to the property may delay the process of this permit/report. I hereby authorize Central Michigan District Health Department 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.

Signature of Owner/Agent: _____ **Phone #:** _____ **Date:** _____