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.

<table>
<thead>
<tr>
<th>Property Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for Inspection:</td>
<td>☐ Real Estate Transfer/Refinance ☐ Addition/Remodel ☐ Change of Use (Non-Residential Only)</td>
</tr>
<tr>
<td>County:</td>
<td>Township:</td>
</tr>
<tr>
<td>Property Tax ID #:</td>
<td>Subdivision:</td>
</tr>
<tr>
<td>Property Address:</td>
<td>City:</td>
</tr>
<tr>
<td>Lot or Acreage Dimensions:</td>
<td></td>
</tr>
<tr>
<td>Owner of property at time sewage/well system was installed, if known:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Property Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Bedrooms:</td>
<td>If Remodel Number of Bedrooms When Finished:</td>
</tr>
<tr>
<td>Non-Residential Current Use (describe):</td>
<td></td>
</tr>
<tr>
<td>Non-Residential Proposed Use (describe):</td>
<td></td>
</tr>
<tr>
<td>Property Occupied?:</td>
<td>If not occupied, last occupancy date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sewage System:</th>
<th>Date Installed:</th>
<th>Permit #:</th>
<th>Tank Size:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tank Last Pump Date:</td>
<td>Drainbed Size:</td>
<td>Installer:</td>
<td></td>
</tr>
<tr>
<td>Does the sewage disposal system function properly?</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Has the sewage system backed up, slow drains, or surfaced on the ground?</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Does the house have a garbage grinder/disposal?</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Does the house have a water softener or water treatment system?</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Does the water treatment system discharge into the sewage disposal system?</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Does the house have laundry facilities?</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Is there a separate sewage system that serves a different part of the house?</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Are roof drains, footing drains, or sump pump discharge plumbed into sewage system?</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Water Supply:</th>
<th>Date Installed:</th>
<th>Permit #:</th>
<th>Well Driller:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the water supply adequate and of good quality?</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Distance between well and sewage disposal system in feet:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A bacteria sample is included. Do you want a bacteria sample taken?</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Do you want other water samples (additional fees apply) LIST:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Office Use Only:</th>
<th>Date Received:</th>
<th>Amount Received:</th>
<th>Cash:</th>
<th>Check:</th>
<th>CC:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt Number:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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: ______________

SEND REPORT TO: □ OWNER □ BUYER □ CONTRACTOR □ REAL ESTATE AGENT

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

________________________________________________________

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: ____________