

DISTRICT HEALTH DEPARTMENT NO. 4
WATER SUPPLY-SEWAGE DISPOSAL SURVEY REPORT

Issued at: Alpena (989) 356-4507 Atlanta (989) 785-4428 Cheboygan (231) 627-8850 Rogers City (989) 734-4723

APPLICATION:

MAIL REPORTS TO:

Home Owner's Name: _____
Dwelling Address: _____
T ____ R ____ Section: # _____
Township: _____ City: _____
Subdivision: _____ Lot: _____
Parcel ID#: _____

Applicant: _____
Address: _____
City: _____ Zip: _____
Phone: _____

Directions to Dwelling or Map Attached From Nearest _____
Intersection _____

Seller: _____
Address: _____
City: _____ Zip: _____
Phone: _____

Dwelling: Yes No _____

Purchaser: _____
Address: _____
City: _____ Zip: _____
Phone: _____

Contact Person: Name _____
Phone Number _____

Previous Owners or Builders Names: _____

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 change in circumstances may affect its continued function. I ACKNOWLEDGE AND AGREE that District Health Department No. 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 Applicant: _____
 Realtor Owner Builder Installer Other _____

FOR HEALTH DEPARTMENT USE

SURVEY:

ON-SITE SEWAGE DISPOSAL SYSTEM

ON-SITE WATER SUPPLY

	Yes	No	See Comments
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Well Log Available: Yes No
Bacteriological Analysis: Date _____
Coliform Bacteria Detected: Yes No
Nitrate (as Nitrogen) Analysis: _____ mg/L
(Significant when > 10 mg/L)

Record of Permit Available:	_____	_____	_____
Known sewage disposal problems in area:	_____	_____	_____
Evidence of malfunction:	_____	_____	_____
Meets minimum requirements of sewage disposal regulations:	_____	_____	_____

Does it meet minimum current water supply construction requirements: Yes No See Comments

Possible Replacement System: Standard Elevated Other

Comments: _____

Date: _____ Survey Conducted by: _____

Office Use Only: Date Rec'd _____ Fee \$ _____ Check # _____ Cash _____ OR# _____

WATER LAB USED: DEQ PRIVATE (fee \$ _____)

DISTRICT HEALTH DEPARTMENT NO. 4
SITE PLAN
(Proposal)

Date _____

Onsite Sewage Permit # _____

Water Well Permit # _____

Owner Name _____

Applicant Name _____

Include: Lot dimensions, building, driveways, easements, water well, septic area and a replacement area, surface water, soil boring locations, etc.



Site plan accepted Site plan revised _____ Date: _____

Environmental Sanitarian