

Central Michigan District Health Department

EXISTING SYSTEM EVALUATION

Office Use Only	
Date: _____	Receipt: _____
Fee: _____	Comp. #: _____

County	Twp/City	Fraction	Section	Town	Range	Subdivision	Lot

Parcel ID #: _____ Applicant's Name: _____
 Lot or Acreage Dimensions: _____ Mailing Address: _____
 Address of Evaluation: _____
 Residential Commercial Telephone: _____
 Directions to Site from Health Department: _____

Describe New Use: New Home <input type="checkbox"/> Remodeling <input type="checkbox"/> Total number of bedrooms _____										
<table> <tr> <td>SEWAGE SYSTEM INFORMATION</td> <td>WATER SUPPLY INFORMATION</td> </tr> <tr> <td>Permit # _____ Date installed _____</td> <td>Date Installed _____</td> </tr> <tr> <td>Tank Size _____ Drained size _____</td> <td>Driller _____</td> </tr> <tr> <td>Installer _____</td> <td>Distance from well to septic _____</td> </tr> <tr> <td>Does the septic system function properly?</td> <td>Is the water supply adequate & of good quality?</td> </tr> </table>	SEWAGE SYSTEM INFORMATION	WATER SUPPLY INFORMATION	Permit # _____ Date installed _____	Date Installed _____	Tank Size _____ Drained size _____	Driller _____	Installer _____	Distance from well to septic _____	Does the septic system function properly?	Is the water supply adequate & of good quality?
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Permit # _____ Date installed _____	Date Installed _____									
Tank Size _____ Drained size _____	Driller _____									
Installer _____	Distance from well to septic _____									
Does the septic system function properly?	Is the water supply adequate & of good quality?									

Owner or applicant's signature _____

BELOW FOR HEALTH DEPARTMENT USE ONLY

Evaluation Results:

SEWAGE TREATMENT:

- The sewage treatment system (STS) has been installed and approved on _____. The system should be acceptable for the proposed new use.
- The STS was inspected on _____. From the information available, it appears that the system IS approved for the proposed use. (see comments)
- The STS was inspected on _____. From the information available, it appears that the system IS NOT approved for the proposed use. (see comments)
- The STS is in violation of the Minimum Sanitary Regulations of the Central Michigan District Health Department and IS NOT approved. (see comments)

WATER SUPPLY:

- The water system (WS) has been installed and approved on _____. The system should be acceptable for the proposed new use.
- The WS was inspected on _____. From the information available, it appears that the system IS approved for the proposed use. (see comments)
- The WS was inspected on _____. From the information available, it appears that the system IS NOT approved for the proposed use. (see comments)
- The WS is in violation of the Minimum Sanitary Regulations of the Central Michigan District Health Dept. and IS NOT approved. (see comments)

COMMENTS: _____

OK FOR BUILDING PERMIT YES NO

Follow-up Date _____

Signature of Sanitarian _____

Date _____