

# 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 border="0"> <tr> <td><b>SEWAGE SYSTEM INFORMATION</b></td> <td><b>WATER SUPPLY INFORMATION</b></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><b>Does the septic system function properly?</b></td> <td><b>Is the water supply adequate &amp; of good quality?</b></td> </tr> </table>	<b>SEWAGE SYSTEM INFORMATION</b>	<b>WATER SUPPLY INFORMATION</b>	Permit # _____ Date installed _____	Date Installed _____	Tank Size _____ Drained size _____	Driller _____	Installer _____	Distance from well to septic _____	<b>Does the septic system function properly?</b>	<b>Is the water supply adequate &amp; of good quality?</b>
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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 \_\_\_\_\_