



# Central Michigan District Health Department

Promoting Healthy Families, Healthy Communities



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## Application for Inspection Report Review

### Property Inspected

Street:	City:	Zip:
Township:	Tax ID:	
Residential number of bedrooms:	Commercial gallons per day:	
Date of inspection:	Inspector:	

### Owner Information

Name:			
Street:	City:	Zip:	State:
Owner Phone:	Owner Email:		
Mailing address if different from above:			

Who does the report review results go to (include homeowner):

\_\_\_\_\_

Send results via:  Mail  Email

Is the home vacant?  YES  NO  
If yes, last date occupied (month/year): \_\_\_\_\_

Include all of the following:

Well Inspection		Septic Inspection	
<input type="checkbox"/>	Inspection checklist	<input type="checkbox"/>	Inspection checklist
<input type="checkbox"/>	Site plan	<input type="checkbox"/>	Site plan
<input type="checkbox"/>	Water sample results	<input type="checkbox"/>	Septic tank pump report
<input type="checkbox"/>	Required photos	<input type="checkbox"/>	Required photos

*This application must be submitted with each completed inspection report/checklist. All parts of the inspection reports are required to be filled out completely. Use comment boxes thoroughly on all inspection forms. If all systems appear to be in sound condition, include comments indicating such. If any part is not in sound condition or is unknown, describe in the comments. Only submit completed inspections to the health department for review. Incomplete submissions will be returned to the inspector and a letter sent to the homeowner.*

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