



Application for Existing Private Onsite Water & Wastewater System Inspection

**Central Michigan District Health Department**

*Serving the counties of Arenac, Clare, Gladwin, Isabella, Osceola and Roscommon*

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.

**Property Information**

Reason for Inspection:  Real Estate Transfer/Refinance  Addition/Remodel  
 Change of Use (Non-Residential Only)

County: \_\_\_\_\_ Township: \_\_\_\_\_ Section: \_\_\_\_\_

Property Tax ID #: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Lot or Acreage Dimensions: \_\_\_\_\_

Owner of property at time sewage/well system was installed, if known: \_\_\_\_\_

**Property Description**

Residential Bedrooms: \_\_\_\_\_ If Remodel Number of Bedrooms When Finished: \_\_\_\_\_

Non-Residential Current Use (describe): \_\_\_\_\_

Non-Residential Proposed Use (describe): \_\_\_\_\_

Property Occupied? \_\_\_\_\_ If not occupied, last occupancy date: \_\_\_\_\_

**Sewage System:** Date Installed: \_\_\_\_\_ Permit # \_\_\_\_\_ Tank Size: \_\_\_\_\_

Tank Last Pump Date: \_\_\_\_\_ Drained Size: \_\_\_\_\_ Installer: \_\_\_\_\_

Does the sewage disposal system function properly?  YES  NO

Has the sewage system backed up, slow drains, or surfaced on the ground?  YES  NO

Does the house have a garbage grinder/disposal?  YES  NO

Does the house have a water softener or water treatment system?  YES  NO

Does the water treatment system discharge into the sewage disposal system?  YES  NO

Does the house have laundry facilities?  YES  NO

Is there a separate sewage system that serves a different part of the house?  YES  NO

Are roof drains, footing drains, or sump pump discharge plumbed into sewage system?  YES  NO

**Water Supply:** Date Installed: \_\_\_\_\_ Permit # \_\_\_\_\_ Well Driller: \_\_\_\_\_

Is the water supply adequate and of good quality?  YES  NO

Distance between well and sewage disposal system in feet: \_\_\_\_\_

A bacteria sample is included. Do you want a bacteria sample taken?  YES  NO

Do you want other water samples (additional fees apply) LIST: \_\_\_\_\_

**Office Use Only:** Date Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Cash: \_\_\_ Check: \_\_\_ CC: \_\_\_

Receipt Number: \_\_\_\_\_

