

**ALLEGAN COUNTY HEALTH DEPARTMENT  
 ENVIRONMENTAL HEALTH DIVISION  
 APPLICATION & REQUEST FOR EVALUATION OF WATER & SEWAGE DISPOSAL SYSTEMS**

Address of Property \_\_\_\_\_

Requested By \_\_\_\_\_ Phone \_\_\_\_\_

Realtor     Agent     Owner     Buyer

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Mail Report to: (Please include address) \_\_\_\_\_ Fax # \_\_\_\_\_

Owner \_\_\_\_\_ Previous Owner (if known) \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Township \_\_\_\_\_

City \_\_\_\_\_ Section \_\_\_\_\_

Tax ID \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_

Dwelling occupied? YES \_\_\_\_\_ NO \_\_\_\_\_ If no, last known date of occupancy \_\_\_\_\_

Does premise contain a gasoline or fuel oil storage tank? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please give location of tank \_\_\_\_\_

Available Municipal:    City Water? \_\_\_\_\_ YES \_\_\_\_\_ NO    City Sewer? \_\_\_\_\_ YES \_\_\_\_\_ NO

Water Treatment Unit? YES \_\_\_\_\_ NO \_\_\_\_\_ Type \_\_\_\_\_

Year sewage disposal system installed or last repaired? \_\_\_\_\_

Previous Evaluation: (What Year?) \_\_\_\_\_

\_\_\_\_\_ Well and Septic \$179.50    \_\_\_\_\_ Well Only \$134.00    \_\_\_\_\_ Septic Only \$105.00

Fee Enclosed:    Receipt # \_\_\_\_\_    Paid \$ \_\_\_\_\_    Date \_\_\_\_\_

**PAYABLE TO: ALLEGAN COUNTY HEALTH DEPARTMENT**

**NOTICE TO PERSON REQUESTING SANITARY FACILITY EVALUATION**

The septic tank must be located and proof must be provided that it has been pumped within the last three (3) years. Drywells must be uncovered if present. The exact location of the secondary system must be indicated at the time of the evaluation.

Arrangements for excavation, pumping services and/or payment of associated costs ARE NOT the responsibility of the health department. The applicant hereby verifies that the owner of the dwelling has been notified of the request for the evaluation and has granted his or her permission to allow the Health Department access onto the property. Please allow a maximum of fourteen (14) working days after the evaluation for submission of the final report.

**NOTE: This application will not be processed without a signature.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Send Request & Fee to:**

Allegan County Health Department  
 Environmental Health Division  
 3255-122<sup>nd</sup> Ave., Suite 200  
 Allegan MI 49010  
 (269) 673 – 5415

ACHD 014-0685  
 5/96 (Rev 6/05)



**FOR HEALTH DEPARTMENT USE ONLY**

Date Samples Collected \_\_\_\_\_

Nitrate \_\_\_\_\_ Bact. \_\_\_\_\_

Report Mailed \_\_\_\_\_

To \_\_\_\_\_

Tank has been pumped? \_\_\_\_\_ YES \_\_\_\_\_ NO