



Environmental Health Division
3415 28th Street
Port Huron, MI 48060
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www.scchealth.co



SEWAGE DISPOSAL / WATER SUPPLY EVALUATION

Evaluations of water supply and sewage disposal systems conducted by the St. Clair County Health Department are completed only at the request of an agency or individual as a consultative function. The scope of the evaluation is limited to our observation and finding of what exists as determined from available records, documents or by visible physical examination of the basic construction, location (isolation distances) and maintenance. Our evaluation will report only if / or not, any observable problems or current code violations exist. When we cannot accurately determine the facts, we will report our findings as **"UNABLE TO DETERMINE"**, which means conditions, are neither 'satisfactory' nor 'unsatisfactory', but are **'UNKNOWN'**. The Health Department will not provide any other reports or statements to the applicant other than what has been provided on our official evaluation report. Be advised that evaluations will be provided as weather conditions allow. Snow cover, frozen ground, or flooding may prevent the completion of the evaluation. ***Please be advised that we recommend arsenic testing for certain areas, however, it is the responsibility of the applicant to request.***

INSTRUCTIONS – PLEASE READ CAREFULLY!

1. All information **MUST BE PROVIDED** in order for the Health Department to evaluate this property. Check your records, contact your well or septic system installer, or come to our office and request to search our files for your records. Attach copies of any well logs and sewage permits to your application.
2. This department cannot evaluate undocumented facilities without physical inspection; therefore, it shall be the applicant's responsibility to arrange for partial excavation of the sewage system for our observation and evaluation. Winter conditions could possibly prevent evaluation completion.
3. Allow **at least** two weeks for completion of the evaluation after the Health Department receives the properly completed application. **INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED TO THE APPLICANT AND WILL DELAY OUR RESPONSE TIME.**
4. The original report will be sent to the applicant. It shall be the responsibility of the applicant to provide copies of the evaluation report to all other interested parties.

FEES:

\$294.00 Water and Sewage Evaluation
 \$236.00 Water and Sewage Evaluation
 \$150.00 Sewage Evaluation Only
 \$244.00 Well Evaluation Only
 \$186.00 Well Evaluation Only
 \$ 50.00 Follow-up Evaluation

MAKE CHECK PAYABLE TO: SCCHD

***Includes Bac-T/PC/Lead-Copper/Arsenic**
***Includes Bac-T/PC**

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***Includes Bac-T/PC**

APPLICANT MUST CALL SANITARIAN BETWEEN 8 A.M. – 10 A.M. TO ARRANGE FOR EVALUATION AFTER RECEIPT OF COMPLETED APPLICATION AND PROPER FEE.

SEWAGE DISPOSAL / WATER SUPPLY EVALUATION

MAKE SURE TO ATTACH SKETCH OF PROPERTY TO THIS APPLICATION

Well Only

Septic Only

Well & Septic

PROPERTY ADDRESS: _____ TOWNSHIP: _____

APPLICANT: _____ PHONE NO: _____

____ REALTOR ____ LENDING AGENCY ____ PROPERTY OWNER ____ BUYER ____ TENANT ____ OTHER

EMAIL EVALUATION REPORT TO: _____

OR MAIL EVALUATION REPORT TO: _____

PRESENT PROPERTY OWNER: _____ PHONE NO: _____

PROPERTY OWNERS MAILING ADDRESS: _____

PROPERTY BUYERS NAME: _____ PHONE NO: _____

BUYERS MAILING ADDRESS: _____

PROPERTY IS PRESENTLY: OCCUPIED VACANT If vacant; date last occupied: _____

LOT SIZE: _____ ACRES # OF BEDRROMS: _____

WELL INFORMATION: Bacteria PC Lead / Copper Arsenic

Is well located on this property? YES NO NAME OF WELL DRILLER: _____

Depth of well _____ feet The well is located _____ feet from the septic tank and _____ feet from the disposal field.

Where did you obtain information regarding your well? _____

OTHER INFORMATION: _____

SEWAGE DISPOSAL INFORMATION

Is the sewage system located on this property? YES NO

Have there been any repairs to the system within past 3 years? _____

Tank last pumped out date: _____ Tank capacity: _____ gallon Date system was installed: _____

Name of Installer: _____ Disposal field consists of _____ feet Trench Solid Bed

Where did you obtain the above information? _____

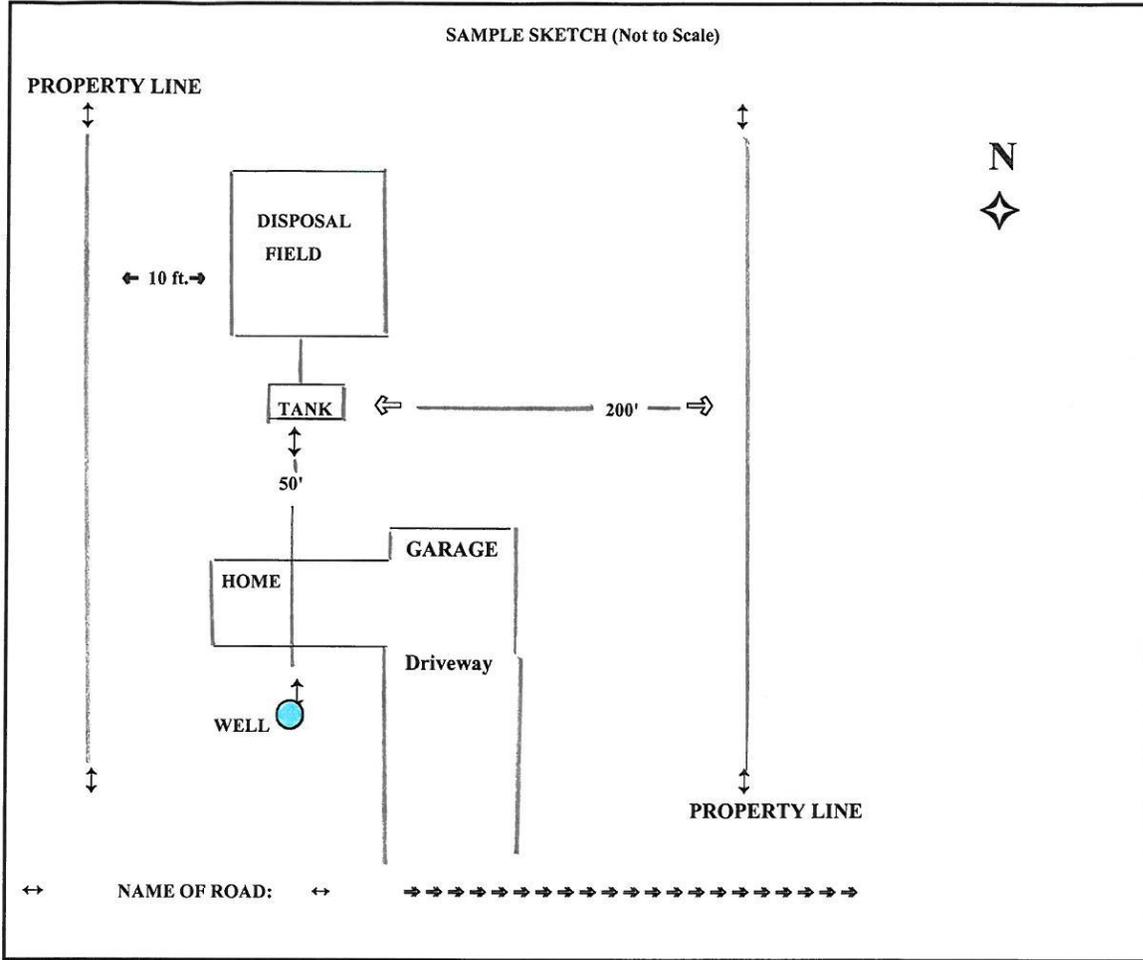
OTHER: _____

Signature of applicant: _____ *Date:* _____

FOR LOCAL HEALTH DEPARTMENT OFFICE USE ONLY:

Date: _____ Fee: _____ Receipt #: _____ Cash Check # _____ Credit Card Initials: _____

SKETCH THE LOCATION OF THE WELL AND SEWAGE SYSTEM WITH RESPECT TO LOCATION OF THE HOUSE. SHOW DISTANCE BETWEEN WELL AND SEWAGE SYSTEM AND WHERE PROPERTY LINES ARE LOCATED. SHOW LOCATION OF ANY NEIGHBORING WELLS IF LOCATED WITHIN 100' OF SEWAGE SYSTEM. YOUR SKETCH SHOULD RESEMBLE THE SAMPLE SKETCH BELOW.



SKETCH YOUR INFORMATION BELOW

