



**Environmental Health Division**  
220 Fort Street, Port Huron, MI 48060  
Office: (810) 987-5306 Fax: (810) 985-5533  
[environmentalhealth@stclaircounty.org](mailto:environmentalhealth@stclaircounty.org)  
Website: [www.scchealth.co/EH](http://www.scchealth.co/EH)

## SEPTIC / WELL EVALUATION

Evaluations of septic system, well and water supply 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. This department cannot evaluate undocumented facilities without physical inspection; therefore, it shall be the applicant's responsibility to arrange for partial excavation of the septic system for our observation and evaluation. Winter conditions could possibly prevent evaluation completion.
2. Allow **at least** two weeks for completion of the evaluation after the Health Department receives the properly completed application and payment. **INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED TO THE APPLICANT AND WILL DELAY OUR RESPONSE TIME.**
3. 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.

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#### **FEES:**

\$400.00 Septic/Well Evaluation  
\$350.00 Septic/Well Evaluation  
\$200.00 Septic Evaluation Only  
\$300.00 Well Evaluation Only  
\$250.00 Well Evaluation Only  
\$50.00 Follow-up Evaluation

#### **MAKE CHECK PAYABLE TO: SCCHD**

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

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

## SEPTIC / WELL EVALUATION

☐ SEPTIC / WELL

☐ SEPTIC ONLY

☐ WELL ONLY

Property Tax ID 74 - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Property Address \_\_\_\_\_ Township \_\_\_\_\_

Property ☐ occupied ☐ vacant, date last occupied \_\_\_\_\_ lot size \_\_\_\_\_ bedrooms \_\_\_\_\_

Reason for evaluation: New Home \_\_\_\_ Remodel \_\_\_\_ Refinance \_\_\_\_ Other \_\_\_\_\_

Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Owner \_\_\_\_ Buyer \_\_\_\_ Realtor \_\_\_\_ Other \_\_\_\_

Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Email or mail evaluation \_\_\_\_\_

Buyer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_

### SEPTIC INFORMATION

Is the septic system located on this property? ☐ YES ☐ NO

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

Tank pumped (date) \_\_\_\_\_ Tank capacity \_\_\_\_\_ Date system was installed \_\_\_\_\_

Name of Installer \_\_\_\_\_ Disposal field consists of \_\_\_\_ feet ☐ Trench ☐ Solid Bed

**WELL INFORMATION** ☐ Arsenic ☐ Bacteria ☐ Lead/Copper ☐ Nitrate/Nitrate ☐ PC

Is well located on this property? ☐ Yes ☐ No Well Driller \_\_\_\_\_

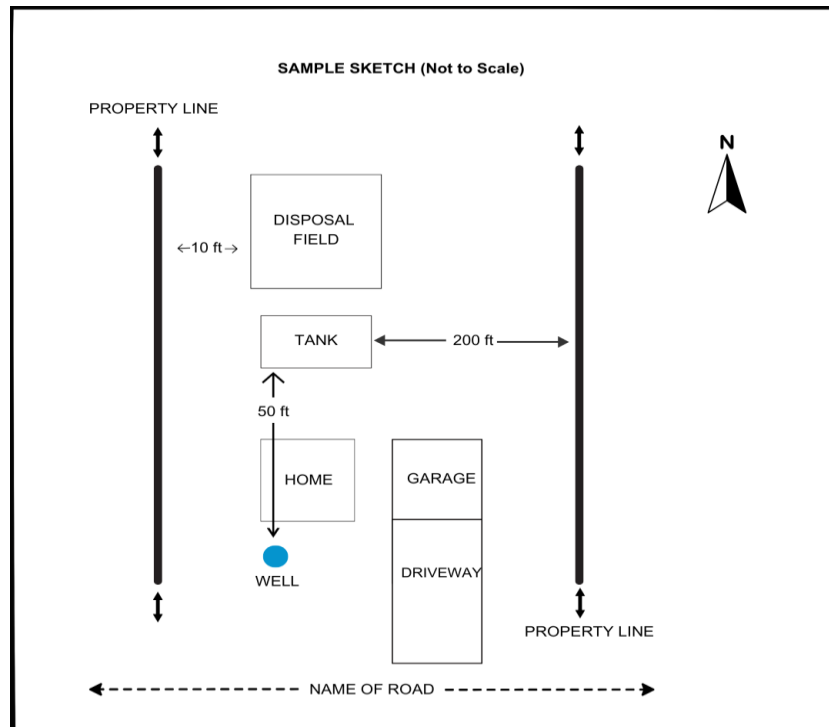
Well Depth \_\_\_\_\_ Well is located \_\_\_\_\_ from the septic tank and \_\_\_\_\_ feet from the disposal field.

**Signature of applicant** \_\_\_\_\_ Date \_\_\_\_\_

FOR LOCAL HEALTH DEPARTMENT USE ONLY:

Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Receipt #: \_\_\_\_\_ ☐ Cash ☐ Check# \_\_\_\_\_ ☐ Credit Card Initials: \_\_\_\_\_

SKETCH THE LOCATION OF THE WELL AND SEWAGE SYSTEM WITH 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 100FT OF SEWAGE SYSTEM. YOUR SKETCH SHOULD RESEMBLE THE SAMPLE SKETCH BELOW.



**SKETCH YOUR INFORMATION BELOW**

Blank area for sketching your information.