

Environmental Health Division

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Website: 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!

- 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.

FEES:

\$420.00 Septic/Well Evaluation \$370.00 Septic/Well Evaluation \$225.00 Septic Evaluation Only \$310.00 Well Evaluation Only \$260.00 Well Evaluation Only \$55.00 Follow-up Evaluation

MAKE CHECK PAYABLE TO: SCCHD

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

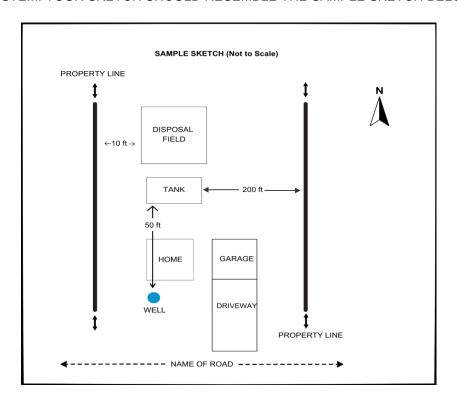
*Includes Bac-T/PC/Lead-Copper/Arsenic *Includes Bac-T/PC

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

SEPTIC / WELL EVALUATION

☐ SEPTIC / WELL	☐ SEPTIC ON	LY	□ WELL ONLY
Property Tax ID 74			
Property Address	Township		
Property □ occupied □ vacant	, date last occupied	lot size _	bedrooms
Reason for evaluation: New H	lome Remodel	Refinance	Other
Applicant Buyer _		Phone	
Owner Buyer _	Realtor Other _		
Address	City /	State / Zip	
Email or mail evaluation			
Buyer		Phone	
	Phone City / State / Zip		
Addie33	Oity /	Otate / 21p	
Owner	Phone		
Address	City /	State / Zip	
Is the septic system located on t Have there been any repairs to t			
Tank pumped (date)	_ Tank capacity	Date system	was installed
Name of Installer	Disposal field cor	sists offeet \Box 7	rench □ Solid Bed
WELL INFORMATION ☐ Arse Is well located on this property? Well Depth Well is located	☐ Yes ☐ No Well [Oriller	
Well Beptil Well to look	iod nom the sept	io tank ana	reet from the disposal field
Signature of applicant		Da	te
LOCAL HEALTH DEPARTMENT USE (ONLY:		

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

