



**ST. CLAIR COUNTY**  
**HEALTH DEPARTMENT**



*Our Community. Our Environment.*

**Environmental Health Division**  
3415 28<sup>th</sup> Street Port Huron MI 48060  
Office: (810) 987-5306 / Fax: (810) 985-5533  
[environmentalhealth@stclaircounty.org](mailto:environmentalhealth@stclaircounty.org)

**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.

**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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**\*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

**ATTACH SKETCH OF PROPERTY WITH THIS APPLICATION**

Well Only                       Septic Only                       Well & Septic

PROPERTY TAX ID NUMBER: 74 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_

REASON FOR EVALUATION:  CHANGE OF BUILDING USE     NEW HOME     HOME EXPANSION  
 REMODEL     REFINANCE     REAL ESTATE TRANSFER

APPLICANT: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

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 BEDROOMS: \_\_\_\_\_

## 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 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: \_\_\_\_\_

## 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? \_\_\_\_\_

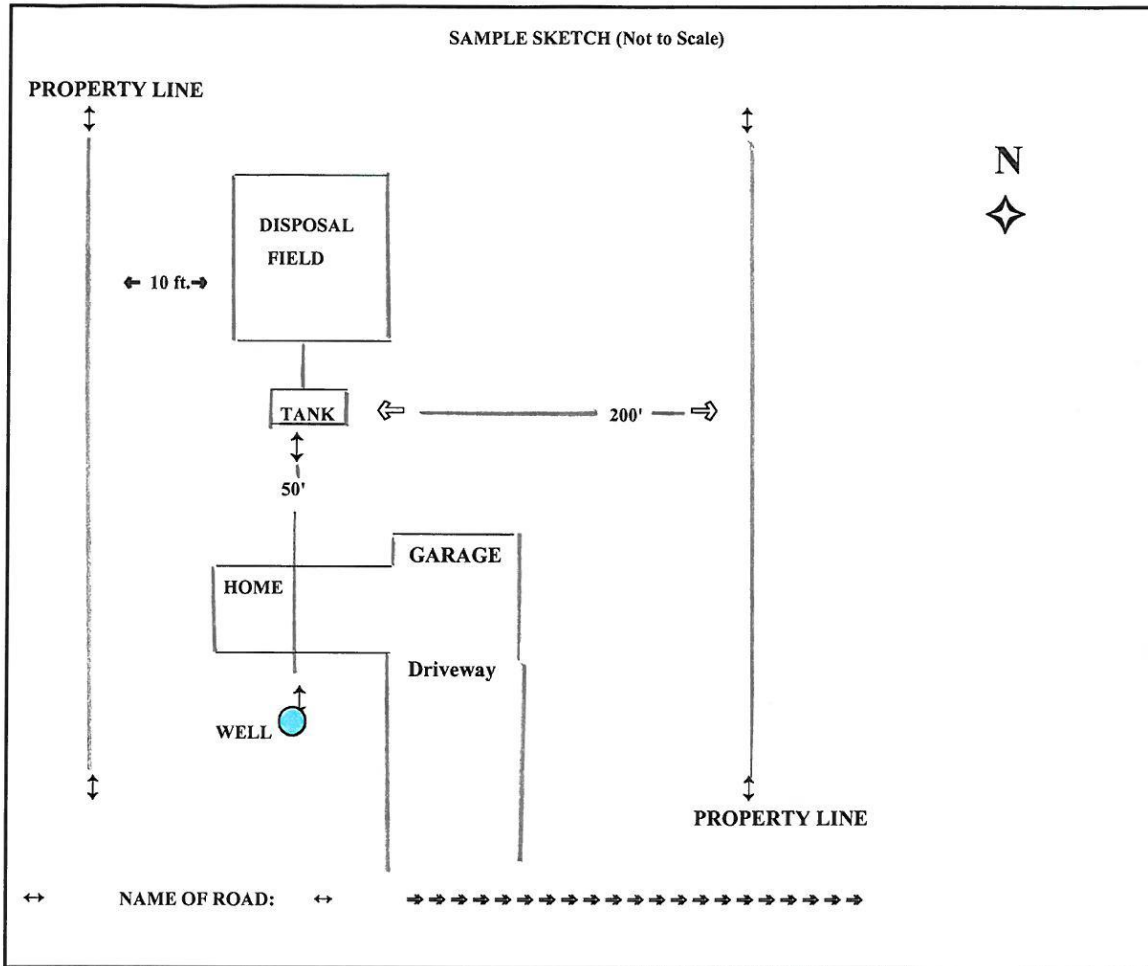
OTHER INFORMATION: \_\_\_\_\_

*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***

