

APPLICATION: Mortgage Evaluation			
Application Date:	County:		
Property & Contact Information			
Township:	Section #:	Town #:	Range #:
Property Tax ID #:	Subdivision:		Lot #:
Property Owner Name:			
Property Street Address:			ZIP:
Applicant Name:		Phone:	
Mailing Address:			ZIP:
Evaluation Contact (EC) Name:		EC Phone:	
EC Email:		EC Fax:	
Type of Evaluation: <input type="checkbox"/> Full <input type="checkbox"/> Well <input type="checkbox"/> Septic			
Type of Facility: <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Commercial Business <input type="checkbox"/> Duplex/Multi-family Resid. <input type="checkbox"/> Public Institution			
<u>Structure</u>			
<ul style="list-style-type: none"> • How many existing <u>bedrooms</u> (including loft(s) used for sleeping space) are in the dwelling? _____ • Is there a garbage grinder installed in the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No • Is a water softener installed in the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No • Is there a whirlpool or hot tub (with more than 50 gallon capacity) installed in the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No <li style="padding-left: 20px;">If YES, does it empty into the septic system? <input type="checkbox"/> Yes <input type="checkbox"/> No 			
<u>Sewage System</u>			
<ul style="list-style-type: none"> • Is this dwelling connected to a public/municipal sewer system? <input type="checkbox"/> Yes <input type="checkbox"/> No • Is there an existing sewage treatment system currently on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No • In what year was the existing sewage system constructed? _____ • Was a construction permit from the Health Department obtained at that time? <input type="checkbox"/> Yes <input type="checkbox"/> No • If known, what NAME was on the original permit issue? _____ • Has the existing septic tank been pumped in the past 36 months (or past 24 months for Kalkaska or Manistee?) If YES, attach <u>Pump Card</u> <input type="checkbox"/> Yes <input type="checkbox"/> No • To the best of your knowledge, is the existing sewage system functioning properly? <input type="checkbox"/> Yes <input type="checkbox"/> No 			
<u>Water</u>			
<ul style="list-style-type: none"> • Is municipal/public water service available to serve this property? <input type="checkbox"/> Yes <input type="checkbox"/> No • Is this dwelling connected to a municipal/public water supply system? <input type="checkbox"/> Yes <input type="checkbox"/> No • Is there existing water well currently on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No • In what year was the water well system constructed/installed? _____ • Was a construction permit from the Health Department obtained at that time? <input type="checkbox"/> Yes <input type="checkbox"/> No • If known, what NAME was on the original permit issue? _____ • If known, what was the Name of the WELL DRILLER who constructed the well? _____ • Are there any storage tanks containing liquid (other than LP Gas,) or other chemicals on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No • To the best of your knowledge and belief, is the existing water well and pump system functioning properly and producing an adequate supply of water sufficient to meet normal daily needs of the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No 			
Note: if during the evaluation a public health violation is found, regulatory action will be taken.			
_____ <i>Applicant's Signature (owner or authorized representative)</i> _____ <i>Date</i>			<u>Office Use: Date Received</u>

Directions to Property

Please include map if property is difficult to find

Site Plan Direction

Please include and show all of the following in the Site Plan Area drawing:

- Prominent landmarks on or near the site (surface waters, fences, large trees, buildings, neighboring houses, etc.)
- Site or Property boundaries
- Show location of buildings and driveway (proposed and existing)
- Show location of the proposed well and sewage treatment system and any exiting well and or septic systems

Please show as much **detail** as possible in the space below

Please indicate
NORTH

Site Plan Area Drawing



Failure to fully complete this application and provide necessary drawing details may delay the inspection

District Health Department #10 Offices

Crawford County 501 Norway Street Ste #1 Grayling, MI 49738 Ph: 989-348-7800 Fax: 989-348-5346	Kalkaska County 625 Courthouse Drive Kalkaska, MI 49646 Ph: 231-258-8669 Fax: 231-258-2805	Lake County 5681 S. M-37 Baldwin, MI 49304 Ph: 231-745-4663 Fax: 231-745-2501	Manistee County 385 Third Street Manistee, MI 49660 Ph: 231-723-3595 Fax: 231-723-1477	Mason County 916 Diana Street Ludington, MI 49431 Ph: 231-845-7381 Fax: 231-845-0438
Mecosta County 14485 Northland Drive Big Rapids, MI 49307 Ph: 231-592-0130 Fax: 231-796-7684	Missaukee County 6180 W. Sanborn Road Ste #1 Lake City, MI 49651 Ph: 231- 839-7167 Fax: 231-839-7908	Newaygo County 1049 Newell, PO Box 850 White Cloud, MI 49349 Ph: 231-689-7300 Fax: 231-689-7360	Oceana County 3986 N Oceana Drive Hart, MI 49420 Ph: 231-873-2193 Fax: 231-873-4248	Wexford County 521 Cobbs Street Cadillac, MI 49601 Ph: 231-775-9942 Fax: 231-775-5372