

APPLICATION: Mortgage Evaluation/Point of Sale			
Application Date:	County:		
<b>Property &amp; Contact Information</b>			
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>			
• How many existing bedrooms (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			
If YES, does it empty into the septic system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<u>Sewage System</u>			
• 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>			
• 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			
<b>Note: if during the evaluation a public health violation is found, regulatory action will be taken.</b>			
<u>Applicant's Signature (owner or authorized representative)</u>  _____  <u>Date</u> _____			<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
- **Show the location of all buried electrical, water, gas or fuel lines.**

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  
ehcrawfordcounty@dhd10.org

### Mecosta County

14485 Northland Drive  
Big Rapids, MI 49307  
Ph: 231-592-0130  
ehmecostacounty@dhd10.org

### Kalkaska County

625 Courthouse Drive  
Kalkaska, MI 49646  
Ph: 231-258-8669  
ehkalkaskacounty@dhd10.org

### Missaukee County

6180 W. Sanborn Road Ste #1  
Lake City, MI 49651  
Ph: 231-839-7167  
ehmissaukeecounty@dhd10.org

### Lake County

5681 S. M-37  
Baldwin, MI 49304  
Ph: 231-745-4663  
ehlakecounty@dhd10.org

### Newaygo County

1049 Newell, PO Box 850  
White Cloud, MI 49349  
Ph: 231-689-7300  
ehnewaygocounty@dhd10.org

### Manistee County

385 Third Street  
Manistee, MI 49660  
Ph: 231-723-3595  
ehmanisteecounty@dhd10.org

### Oceana County

3986 N Oceana Drive  
Hart, MI 49420  
Ph: 231-873-2193  
ehoceanacounty@dhd10.org

### Mason County

916 Diana Street  
Ludington, MI 49431  
Ph: 231-845-7381  
ehmasoncounty@dhd10.org

### Wexford County

521 Cobb Street  
Cadillac, MI 49601  
Ph: 231-775-9942  
ehwexfordcounty@dhd10.org