

<b>APPLICATION: Mortgage Evaluation/Point of Sale</b>				
Application Date:		County:		
<b>Property &amp; Contact Information</b>				
Township:	Section #:	Town #:	Range #:	
Property Tax ID #:	Subdivision:		Lot #:	
Property Owner Name:				
Property Street Address:		City:	ZIP:	
Applicant Name:		Phone:		
Applicant Mailing Address:		City:	ZIP:	
Evaluation Contact (EC) Name:		EC Phone:		
EC Email:		EC Fax:		
Type of Evaluation:	Full	Well	Septic	
Type of Facility:	Single Family Residence	Commercial Business	Duplex/Multi-family Resid.	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?      Yes                      No				
• Is a water softener installed in the dwelling?              Yes                      No				
• Is there a whirlpool or hot tub (with more than 50-gallon capacity) installed in the dwelling?      Yes                      No				
If YES, does it empty into the septic system?      Yes                      No				
<u>Septic System</u>				
• Is this dwelling connected to a public/municipal sewer system?                      Yes                      No				
• Is there an existing sewage treatment system currently on this property?              Yes                      No				
• In what year was the existing sewage system constructed?                      _____				
• Was a construction permit from the Health Department obtained at that time?      Yes                      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> Yes                      No				
• To the best of your knowledge, is the existing sewage system functioning properly?      Yes                      No				
<u>Water</u>				
• Is municipal/public water service available to serve this property?                      Yes                      No				
• Is this dwelling connected to a municipal/public water supply system?              Yes                      No				
• Is there existing water well currently on this property?                      Yes                      No				
• In what year was the water well system constructed/installed?                      _____				
• Was a construction permit from the Health Department obtained at that time?      Yes                      No				
• If known, what NAME was on the original permit issue?                      _____				
• If known, what was the Name of the WELLDRIILLER who constructed the well?      _____				
• Are there any storage tanks containing liquid (other than LP Gas,) or other chemicals on the property?                      Yes                      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?                      Yes                      No				
<b>Note: if during the evaluation a public health violation is found, regulatory action will be taken.</b>				
Applicant's Signature (owner or authorized representative) _____			Office Use: Date Received _____	
			Date _____	

## 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

Attachments

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 DriveBig  
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

6180W. SanbornRoadSte#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