



ALLEGAN COUNTY HEALTH DEPARTMENT

3255 – 122nd Avenue, Suite 200, Allegan, MI 49010
Environmental Health Division Phone: (269) 673-5415 FAX:(269) 673-4172
Email: AlleganEH@allegancounty.org

Date
Receipt
Amount

APPLICATION FOR EVALUATION OF EXISTING ON SITE SYSTEMS

NOTICE: Septic tank(s) must be located and proof provided that they have been pumped within the last three (3) years. IF present, drywells must be uncovered. The exact location of the secondary system must be indicated (staked) at the time of the evaluation.

- Arrangements for excavation, pumping services and/or payment of associated costs ARE NOT the responsibility of the Health Department.
- The applicant hereby verifies that the owner of the dwelling has been notified of the request for evaluation and has granted his or her permission to allow the Health Department access to the property.

Residential Evaluation

Check one ___ Hook to Existing ___ Transfer of Property Ownership (Mortgage Request)	Municipal Water			
	Available?	Yes/No	Utilized?	Yes/No
Well and Septic (includes water sample)				\$275.00
Well ONLY (includes water sample)				\$225.00
Septic ONLY				\$225.00

Additional Water Samples (may require additional samples such as VOC, Lead and Arsenic. An additional fee will be assessed)

Residential Site Conditions

House Vacant	Yes / No	If yes, date vacated	
Year Septic System Installed (if known)		Number of Bedrooms	Number of Future Bedrooms
Circle appropriate answers below			
Yes / No	Duplex	Yes / No	Oversized Tub/Jacuzzi
Yes / No	Water Softener discharge	Yes / No	Basement Plumbing
Yes / No	Ejector/Grinder Pump	Yes / No	All storage tanks for Gas or Fuel Oil. If YES, please give location of tank:

Commercial Evaluation

Check one ___ Hook to Existing ___ Transfer of Property Ownership (Mortgage Request)	Municipal Sewer			
	Available?	Yes/No	Utilized?	Yes/No
Well and Septic (includes water sample)				\$350.00
Well ONLY (includes water sample)				\$300.00
Septic ONLY				\$300.00

Additional Water Samples (may require additional samples such as VOC, Lead and Arsenic. An additional fee will be assessed)

Additional Commercial Information

Name of company:			
Description of business:			
# of Employees		# of Customers (if applicable)	# of Seats (if applicable)
Days of Operation		Hours of Operation	Building Dimensions

PROPERTY OWNER INFORMATION

Name of Property Owner _____ Company _____
 Address _____ City _____ Zip Code _____
 Phone _____ Email _____

APPLICANT INFORMATION (IF DIFFERENT FROM OWNER) _____ Realtor _____ Agent _____ Buyer _____ Unknown

Name _____ Company _____
 Address _____ City _____ Zip Code _____
 Phone _____ Email _____
 Contact Person _____ Phone _____

PROPERTY LOCATION INFORMATION TAX/PARCEL ID 03- _____ - _____ - _____ Township _____

Address _____ CITY _____ Zip Code _____
 Subdivision _____ Lot # _____ Section # _____ Nearest Cross Roads _____

Signature Required: _____ Date: _____

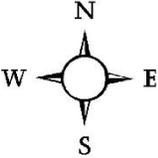
Please complete site drawing on back

IT IS OUR GOAL TO PROCESS ALL APPLICATIONS WITHIN 14 BUSINESS DAY

SITE PLAN DRAWING

All submitted applications must be accompanied with a site plan drawing. PLEASE include all of the following that apply.

Lot/parcel lines and dimensions	Water frontage	NEIGHBORING PROPERTIES	
Existing/proposed structures with dimensions	Driveway	Approximate location of wells	
Existing/proposed and reserve septic systems	Frontage roads	Approximate location of septic system	
Existing/proposed water supplies	All easements and right of ways	Approximate location of ALL storage tanks (fuel oil, gasoline, etc.)	
Setbacks from property lines to all buildings	All unusual land features		
ALL storage tanks (fuel oil, gasoline, etc.)			



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