



REQUEST FOR WATER AND/OR SEWAGE EVALUATION

- PAYMENT IS REQUIRED BEFORE INSPECTION(S) CAN BE DONE
- FAILURE TO SUPPLY ACCURATE AND COMPLETE INFORMATION MAY DELAY THE EVALUATION PROCESS.

OFFICE USE ONLY	
REPORT #	ES _____
DATE REC.	_____
AMOUNT REC.	_____
CASH / CHECK #	_____
REC. BY	_____
RECORD ID	_____

Public Health
Prevent. Promote. Protect.

Public Health Muskegon County - Environmental Health Division
209 E. Apple Avenue, Muskegon, MI 49442
Phone: 231-724-6208 Fax: 231-724-1251 www.muskegonhealth.net

CONTACT INFORMATION

REQUESTED BY _____
 BUSINESS NAME _____
 ADDRESS _____
 CITY _____ ZIP _____
 DAYTIME PHONE NO(s) _____
 FAX _____
 EMAIL _____

PROPERTY TO BE EVALUATED

ADDRESS _____
 PROPERTY TAX ID NO. 61- _____
 TOWNSHIP _____ ZIP CODE _____
 OWNER _____
 OWNER'S DAYTIME PHONE _____
 SPECIAL INSTRUCTIONS: _____

Municipal Water Available? Yes No If yes is it utilized? Yes No
 Municipal Sewer Available? Yes No If yes is it utilized? Yes No

IF THERE IS A SEWAGE SYSTEM PRESENT COMPLETE THIS SECTION

Structure currently occupied? Yes No - If no, structure has been vacant since _____
 Tank(s) pumped past 3 months? Yes No Toilet or bath in basement? Yes No
 Garbage Disposal? Yes No Number of Bedrooms _____
 Sump Pump? Yes No - If yes, check all items draining to sump: Sink Shower
Bathroom Washing Machine Wet Basement Footing Drain Other _____

IF THERE ARE DRINKING OR IRRIGATION WELL(S) PRESENT COMPLETE THIS SECTION

Well location? Basement Outside Yard (N – S – E – W of house) Well Pit Other: _____
 Water Treatment Device? Yes No - If yes, type: Softener Reverse Osmosis Filter Other: _____
 Fuel Oil Tank? Yes No - If yes, where: Basement Outside Yard (N – S – E – W of house)
 If water samples were ordered, is the water on at an outside tap? Yes, Location? _____ No

CHECK DESIRED INSPECTION(S):

<input type="checkbox"/>	\$115	Well Evaluation No Samples
<input type="checkbox"/>	\$149	Well Evaluation/Water Quality* (no lead analysis)
<input type="checkbox"/>	\$167	Well Evaluation/Water Quality* including lead sample
<input type="checkbox"/>	\$150	Sewage Disposal System Evaluation

* A water quality report includes sample collection and analysis for Coliform Bacteria, Fluoride, Chloride, Hardness, Nitrate, Nitrate, Sulfate, Sodium and Iron

SKETCH

Identify the approximate location of any/all well(s) and/or septic system(s).
Include irrigation wells and well/septic systems no longer in service.

Road

Structure

Disclaimer Statement: Muskegon County, its departments, boards, offices, agents and employees, including, without limitation, the Muskegon County Health Department, are not responsible for any loss allegedly due to any act in connection with the service requested. Requesting parties should be aware that a sewage disposal system evaluation requires perforations up to 9 feet into the ground. Buried structures in the area to be evaluated, including but not limited to buried water and irrigation lines, gas and electric utilities should be visibly identified at the site. While recommended, there is no regulation mandating health department approval of the system(s) when a property is sold.