

Branch-Hillsdale-St. Joseph Community Health Agency

www.bhsj.org

570 Marshall Road
Coldwater, MI 49036
(517) 279-9561 ext. 106

20 Care Drive
Hillsdale, MI 49242
(517) 437-7395 ext. 311

1110 Hill Street
Three Rivers, MI 49093
(269) 273-2161 ext. 233

Office Use Only:

Date Received: _____ *Paid by:* _____ *Check #* _____
Receipt #: _____

Water Supply – Sewage Disposal Evaluation Request

Evaluation Fee of \$204.00 must accompany this request, and includes the bacteria and nitrate water samples only. See below for additional fees. Please make check payable to Community Health Agency. A \$25.00 handling fee will result if an evaluation request is cancelled after payment if no field service has been provided. No refund will be available after staff has provided field assistance.

Property Address _____ City _____

Subdivision Name _____ Lot # _____ Property ID (Tax #) _____

Township _____ Section _____ Property Size _____

House Occupied () Yes () No – if No, last date occupied _____ (ELECTRICITY NEEDED FOR WATER SAMPLES)

Types of water samples needed: _____ Bacteria _____ Nitrate (NO3) _____ Nitrite (NO2)

The following samples will require an additional fee (fees include mailing cost):

- _____ Lead (Pb).....\$27 Grab sample, not stagnant
- _____ Arsenic (As) \$27
- _____ Volatile Organic (VOC).....\$110

Present Owner's Name _____ Phone _____

Address _____

Buyer's Name _____ Phone _____

Address _____

Real Estate Company _____

Name and phone number of person to contact for access to house _____

Send Report to () Owner () Buyer () Realtor () Other _____

I, the owner or the owner's representative, agree to allow the representative of the Community Health Agency access to the described parcel to perform necessary tests and observations.

Signature _____ **Date** _____

Two or three weeks should be allowed to complete the field evaluation and water tests. A longer period may result if repairs or repeat samples are needed. If there is no sewage permit on file, the septic tank must be pumped before any field work will be done by our agency. A statement from the licensed septic pumper must be provided which states the septic tank volume and type of baffle at tank outlet.

EVALUATIONS WILL ONLY BE MAILED TO THE REQUESTING PARTY OR MAY BE PICKED UP AT OUR OFFICE BY APPOINTMENT. EVALUATION REPORTS WILL NOT BE SENT BY FAX LINE.

Please list names of previous owners of this home, if known _____

What year was this home originally built? _____ Name of original owner _____

Name of builder of home, if known _____

What year were repairs made to septic system? _____ Septic Permit # _____

What year was a replacement well installed? _____ Well Permit # _____

of Bedrooms _____ # of Bathrooms _____ Garbage disposal? () Yes () No Water Softener? () Yes () No

Present number of occupants _____ Proposed number of occupants _____

Directions to House _____

Provide a sketch below showing the approximate location of the house, septic system and water supply well: