



Public Health
Prevent. Promote. Protect.

Muskegon County

Report/Receipt #	
Date Received	
Amount Received	
Cash/Check#	
Received by	
Record ID	

Well – Water Quality – Septic Evaluation Application

- Incomplete applications will not be accepted.
- Payment and signature on this form are required at the time of request.
- Fees are subject to annual changes. These fees are valid through January 2020.
- This evaluation fee includes a one-time site visit and one evaluation report. All subsequent site visits and reports require separate application and fees.
- Please allow a minimum of 15 business days from the date of receipt for the final report.

<input type="checkbox"/> Well evaluation, no water samples	\$115 (Section 1, Section 3, Sketch, Signature)
<input type="checkbox"/> Well evaluation, water quality (no lead analysis)*	\$151 (Section 1, Section 3, Sketch, Signature)
<input type="checkbox"/> Well evaluation, water quality, including lead analysis*	\$166 (Section 1, Section 3, Sketch, Signature)
<input type="checkbox"/> Septic disposal system evaluation	\$150 (Section 1, Section 2, Sketch, Signature)

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

Section 1: Complete this section for ALL requests

Property Address:		Township/City:	
Parcel ID: 61-____-____-____-____-____			
The foundation is a : <input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab <input type="checkbox"/> Other _____			
Owner's Name:		Owner's Phone:	
Municipal (city) water available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know		
Municipal (city) sewer available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know		
Is the structure occupied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, vacant since (date)?	
Is there a lockbox?	<input type="checkbox"/> Supra eKey®	<input type="checkbox"/> Lockbox	
Lockbox location: _____		Code: _____	
Is there a bathroom in the basement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there an ejector/sump pump?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Drinking water well location: <input type="checkbox"/> basement <input type="checkbox"/> outside <input type="checkbox"/> well pit <input type="checkbox"/> well house <input type="checkbox"/> buried			
<input type="checkbox"/> none(municipal-city water) <input type="checkbox"/> other			
What discharges into it? <i>Check all that apply.</i>			
<input type="checkbox"/> sink <input type="checkbox"/> toilet <input type="checkbox"/> washing machine <input type="checkbox"/> shower <input type="checkbox"/> groundwater/footing drains <input type="checkbox"/> other (specify):			
Is there a water treatment device?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What type? <input type="checkbox"/> softener <input type="checkbox"/> filter <input type="checkbox"/> reverse osmosis <input type="checkbox"/> other (specify)			
Is there an irrigation well on the property?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Requestor's Name/Business Name:			
Address:		City/Zip:	
Email:		Phone:	
For access and/or questions contact (name/phone):			
<i>The evaluation report will be issued only to the requestor</i>			
Please select below how you would like to receive the report. <u>Only check one.</u>			
<input type="checkbox"/> Email <input type="checkbox"/> Pick up <input type="checkbox"/> US Mail (if no box is checked, the report will be sent by US Mail)			

Section 2: Complete this section for Septic Disposal System Evaluation

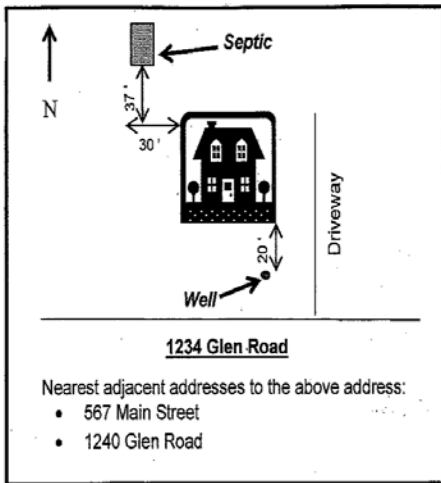
Is there a garbage disposal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Number of bedrooms?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> Other (specify)

Section 3: Complete this section for Well Evaluation:

Is the water supply currently winterized? <input type="checkbox"/> Yes	<input type="checkbox"/> No
Water supply will be de-winterized when (date)? _____ <i>Date must be a minimum of 10 days after submitting this application</i>	
Is there a fuel oil tank on the property (Include all fuel types except propane)? <input type="checkbox"/> Yes Where? <input type="checkbox"/> outside (above grade) <input type="checkbox"/> outside (buried) <input type="checkbox"/> basement <input type="checkbox"/> other:	<input type="checkbox"/> No
Is there an outside tap we can collect a water sample from? <input type="checkbox"/> Yes	<input type="checkbox"/> No
The outside tap is located on what side of the house? <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	
Is the water on? <input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the wellhead buried? <input type="checkbox"/> Yes <i>If yes – ensure the wellhead has been dug up and exposed.</i>	<input type="checkbox"/> No

Sketch:

Include a site sketch showing the house, any outbuildings, driveway, roads, irrigation, and drinking water wells, septic system, sump pump, fuel oil tanks, surface water, property lines, and a north arrow. Please show approximate measurements to well and/or septic system.



Nearest adjacent addresses to the above address:

By signing this form, I hereby certify that all of the information provided by me on this form is true to the best of my knowledge and I have read and understand the application instructions. I also understand that there will be a fee for any returned checks as well as a processing fee for any evaluation cancelations.

Signature: _____ Date: _____

Disclaimer Statement: Muskegon County, its departments, boards, offices, agents, and employees, including, without limitation, Public Health-Muskegon County, 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.