

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

Well – Water Quality – Sewage Treatment Miscellaneous Fees

- Incomplete applications will not be accepted.
- Payment and signature on this form is required at the time of request.
- Fees are subject to annual changes. These fees are valid through January 2023.
- Please allow a minimum of 15 business days from the date of receipt for the final report.

☐ Additional site visit: \$	360			
Water samples:				
□ Bacteria \$16	□ Partial Chemical \$20	□ Lead \$15	□ VOC \$65	
☐ Cyanide \$20	☐ Copper \$15	☐ Arsenic \$15		
☐ Complete Metals - Private \$94		☐ Complete Metals - Public \$104		
□Other				
Property Address:		Township/City:		
		Owner's Phone:		
Requestor's Name/Bus	siness Name:			
Address:		City/Zip:		
Email:		Phone:		
For access and/or quest	tions contact (name/phone):			
Wa	ater sample results will be	issued only to the requ	uestor.	
How do you want to rece	eive your lab report? <u>(only ch</u>	eck ONE) □Email	□US Mail □Pick up	
If more than one meth	od of delivery is checked or r	none are checked – the l	report will be sent US Mail.	
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த்y signing this form, i he	ereby certify that all of the inforn	nation provided by me on t	nis form is true to the best of	

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.

my knowledge and I have read and understand the application instructions. I also understand that there will be a

Signature:_____ Date:_____

fee for any returned checks as well as a processing fee for any evaluation cancelations.