



**Public Health**  
Prevent. Promote. Protect.

**Muskegon County**

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

**Pool Inspection Request**  
**\$125 – 1 pool; \$50 each additional pool at the same location**

Pool Establishment Name:	
Property Address:	Township/City:
Number of Pools at this location:	
Owner's Name:	Owner's Phone:
Requestor's Name/Business Name:	
Address:	City/Zip:
Email:	Phone:
If Public Health – Muskegon County has questions – who should we contact? (name/phone):	

Send payment to:

Public Health – Muskegon County  
Environmental Health  
209 E. Apple Avenue  
Muskegon, MI 49442

***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.