



**Midland County Department of Public Health
 Environmental Health Services Division
 220 W. Ellsworth St., Midland, MI 48640-5194
 Phone: 989-832-6679 / Fax: 989-832-6628
 www.co.midland.mi.us/health department**

Existing System/Replacement Structure Evaluation

Fee: \$160.00 **Receipt #:** _____ **Application Date:** _____

Reason for Evaluation: Remodel Home _____ Replacement Home _____ Other _____
 (explain)

Applicant's Name: _____ Phone: _____

Applicant's Address: _____

Site Address: _____

Township: _____ Section: _____ # of Bedrooms: _____

Signed: _____

*** Contact the Health Department for an appointment ***

◆ FOR HEALTH DEPARTMENT USE ONLY ◆

On-Site Water Supply

Record of Permit Available: Yes _____ No _____ Approved: Yes _____ No _____

Well Log Available: Yes _____ No _____ Well Depth: _____

Well Construction Type (drilled, driven, crock) _____

Municipal Water Available: Yes _____ No _____

Construction and location meets applicable standards
 (as per Act 368, P.A. 1978, as amended): Yes _____ No _____ Unable to determine _____

Unprotected suction line: Yes _____ No _____ Buried well seal: Yes _____ No _____

Isolation distance of well from wastewater system is a minimum of 50 feet, as required by
 well construction code Yes _____ No _____

Well appears to be located on subject property and not a shared supply: Yes _____ No _____
 Unable to determine _____

On-Site Wastewater System

Record of Permit Available: Yes _____ No _____ Date of Final: _____ Approved: Yes _____ No _____

Isolation distances meet applicable regulations, laws, standards: Yes _____ No _____

Unable to determine _____

Suitability of on-site soil conditions: _____

Date of last pumping of septic tank: _____ (recommend tank pumped every 3-5 years)

Size of septic tank (if known) _____ gallons

Size of Drainfield: _____ lineal feet / square feet

_____ Meets criteria set forth in existing Midland County Environmental Health Code.

_____ Does not fully meet the criteria of the Environmental Health Code, but appears to have functioned to this date without having caused a public health concern.

_____ Is substantially undersized for this particular premise, and although does not appear to have caused a public health concern to this date. However, it may require some attention in the near future (depending on future water usage, maintenance, weather conditions and any physical limitations).

_____ Does not appear to be functioning properly and will require correction by: _____ (permit required).

_____ Unable to determine _____

Evaluation Summary

This office _____ approves _____ disapproves the existing on-site sewage disposal system for the above proposal. If and when the current septic system fails, the homeowner will be responsible for installing and replacing a septic system to meet the code existing at that time.

The existing well _____ Meets _____ Does Not Meet current Michigan Water Well Construction Code.

Comments: _____

Sanitarian: _____ Date of Evaluation _____

Copies LHD Applicant Twp