



**Midland County Department of Public Health  
 Environmental Health Services Division  
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**Existing System/Replacement Structure Evaluation**

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

Reason for Evaluation: Remodel Home \_\_\_\_\_ Replacement Home \_\_\_\_\_ Other \_\_\_\_\_  
 (explain)

Tax ID (required): \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

**Site Address:** \_\_\_\_\_

Township: \_\_\_\_\_ # 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  Applicant  Twp