



Midland County Department of Public Health
 Environmental Health Services Division
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Office Use:
 Rec. By: _____
 Date: _____
 Receipt # _____
 Amount _____

MORTGAGE EVALUATION APPLICATION

Applicant's Name: _____

Address: _____
 (Street) (City) (State) (Zip)

Phone: _____
 (Home) (Work)

Contact Person (if other than applicant listed): _____

Phone: _____ Best time to call: _____

Site Address: _____ Township: _____ Sec: _____

Seller's Name: _____ Phone: _____

Original Owner (If known) _____

Buyer's Name: _____ Phone: _____

Age of House: _____ yrs. No. of Bedrooms: _____

Garbage Disposal: Yes _____ No _____ Is house presently occupied? Yes _____ No _____

If no, last known date of occupancy: _____

Type of Loan: Farm Home _____ FHA _____ V.A. _____ Other _____

Send report to: _____

Address: _____

Well Information

Well Depth: _____ ft. Casing Diameter _____ inch

Well drilled by: _____

Approx. Date Drilled _____

Municipal: Water _____ Sewer _____

Septic System Information

Septic tank Size: _____ gallon

Drainfield Size: _____ lineal ft.
 or

Drainbed Size: _____ sq. ft.

Installed By: _____

Approx. Date Installed: _____