

REQUESTED BY:

FHA CONVENTIONAL
FARM HOME OTHER
VA

Rec'd by: _____
Date: _____
Amt. Received: _____
Receipt No: _____

BERRIEN COUNTY HEALTH DEPARTMENT

2149 E Napier, P.O. Box 706
Benton Harbor, MI 49023-0706
Phone: 269-927-5623

21 N. Elm Street
Three Oaks, MI 49128
Phone: 269-756-2008

1205 N. Front Street, Ste. 900
Niles, MI 49120
Phone: 269-684-2800

APPLICATION FOR WATER SUPPLY/SEWAGE SYSTEM EVALUATION

Person Requesting Evaluation: (If different from owner)

Owner: _____ Name: _____
Address: _____ Address: _____
Phone: _____ Phone: Home _____ Office _____

HOME INFORMATION

LOCATION

Address: _____
City: _____ Township: _____
Subdivision: _____ Lot No: _____
Year house built: _____ Number of bedrooms: _____
Is house presently occupied: Yes No Date last occupied: _____
Basement: Yes No Water softener: Yes No
House description: (white/blue trim, etc.) _____

WATER SUPPLY

Public: Yes No Date Well Installed: _____
Well drillers name: _____
Pump installers name: _____
Well depth: (feet) _____ Well size: (inches) _____
Repair history: _____

SEWAGE SYSTEM

Public: Yes No Date installed: _____
Date septic tank last pumped: _____
If septic tank has not been pumped within last six months, it must be pumped by licensed septage hauler with pumper report submitted to Berrien County Health Department.
Repair history: _____

PROPERTY SKETCH

SKETCH AND DISTANCES: Roads, tree lines, topographical changes, proposed well and sewage system, neighbor's well and sewage system:

NORTH



NECESSARY INFORMATION:

1. Additional fees will be assessed if premises are not accessible at time of sanitarian's visit as pre-arranged, or for additional visits to re-sample water supply.
2. Incomplete request forms will be returned to the applicant. No arrangements or inspections will be made until all information and documentation is received.

FEES (check appropriate boxes)

WATER SUPPLY ONLY (Bacteria & Nitrate Analysis)

Local Laboratory _____ \$ 185.00

SEWAGE DISPOSAL ONLY

On-site, Sewage Disposal System _____ \$ 160.00

BOTH WATER SUPPLY AND SEWAGE DISPOSAL

Local Laboratory _____ \$ 325.00

APPLICANT'S SIGNATURE: _____ DATE: _____