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 706t
Benton Harbor, MI 49023-0706
Phone: 269-927-5623

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

Submit by Email:
environmentalhealth@bchdmi.org

APPLICATION FOR WATER SUPPLY/SEWAGE SYSTEM EVALUATION

Owner: _____

Address: _____

_____

Phone: _____

Email: _____

Person Requesting Evaluation: (If different from owner)

Name: _____

Address: _____

_____

Phone: Home _____ Office _____

Email: _____

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: _____
_____
_____
_____

OVER

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: _____