Instructions for Completing a Condition Evaluation for a Onsite Sewage Treatment/Water Supply System

This evaluation will assess an existing sewage treatment and/or water supply system

1. Fill out application completely.

2. Submit application and fee to:

   By Mail: Kalamazoo County Health & Community Services Department
   Environmental Health Unit
   311 East Alcott Street, Kalamazoo, MI 49001
   Ph: 269-373-5337

   By E-mail: ehincoming@kalcounty.com

3. Payment can be made by cash, checks payable to the *Kalamazoo County Health & Community Services Department* or by credit card. **Credit Card Payment:** For secure payment, submit the Credit Card Authorization Form to the Kalamazoo County Environmental Health Unit by MAIL only.

4. Upon receipt of the application by our office, you will be contacted for a scheduled appointment.

5. Your paper work will be available approximately one week after the field assessment is completed. Please indicate on the application form if you want to be contacted by phone to pick up your evaluation results.

Instructions for Completing a Condition Evaluation for a Sewage Treatment System/Water Supply System

1. Sewage Treatment System

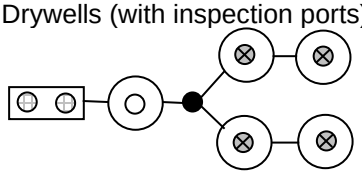
Arrangements for uncovering sewage systems and associated costs are not the responsibility of this office. It is the property owner's responsibility to have all necessary areas of the sewage system(s) uncovered, including kitchen and laundry drywells if present. If the required areas (described below) will not be exposed by your scheduled appointment time, please call 269-373-5337 to reschedule. A re-inspection fee will be assessed to any property that is not ready for inspection at the scheduled appointment time. Additional sewage treatment areas may need to be opened if deemed necessary by the inspector.

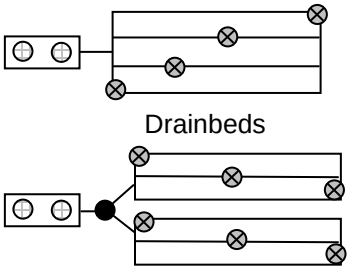
a) Septic tank(s)- This office requires all septic tank(s) to have been pumped within three years from date of application. If the tank has been pumped, either a dated receipt verifying pumping or a completed pump card must be submitted from a state licensed septage pumper before a final report will be released (Note: See 2(a) if water well present on property).
b) Alternator Valve- Valve must be located and opened at time of evaluation
c) Drywell and block trenches- All drywells and block trenches, unless otherwise directed, must be uncovered so the inspection ports are accessible for evaluation. Inside walls of drywell(s) or block trench must be visible.
d) Drainbeds- Drainbeds must be exposed in at least four areas of a single drain bed system or in at least 3 areas of each bed in a dual drain bed system. Expose the perforated pipe and the stone beneath the pipe.
e) Tile trenches- Tile trenches will have a cross section(s) dug out on each of the trench lines. Expose the perforated pipe and the stone beneath the pipe.
f) Stoneless System- For a stoneless tubing system, expose or create an inspection port that allows viewing inside each tube; for a stoneless chamber system, expose **the endcap** of **each** trench to allow viewing the entire length of the trench.

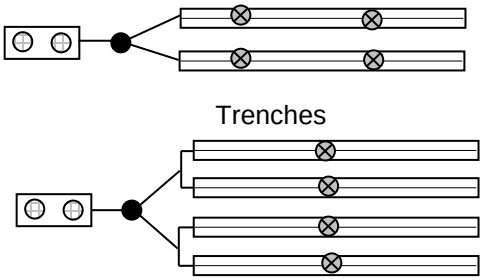
EXAMPLES:

⊗ Indicates area that needs to be exposed

Drywells (with inspection ports)







2. Water Supply System

a) Isolation- If the septic tank(s) location is not in the Environmental Health file, it will be necessary to expose the closest portion the septic tank to the premise water well to determine isolation distance. If the water well head is below ground, it will be necessary to expose the top of the well to determine isolation distances. If an underground, aboveground, or basement fuel storage tank is present on property, the location must be identified to determine isolation to water well.
b) Construction- Well casing and pressure tank must be accessible for viewing during evaluation.
c) All water samples will be taken from the kitchen sink. We do not flame, treat or remove the aerator prior to taking samples. If nitrite testing and/or lead testing are necessary for the loan to be processed, please include this information at time of application. Nitrite and lead test results will be included in the final report when requested. The MDEQ, Kent County or private laboratories can perform nitrite and lead testing. For an additional fee, this office can secure and deliver nitrite and/or lead water tests at your request. (NOTE: Lead test is not a first draw sample; if this is required you must make other arrangements for this test.)
d) If the well is within one half mile of a known contamination site and it is determined that expanded testing is necessary, the applicant will be notified prior to the scheduled appointment time. The MDEQ or KAR Laboratories can perform expanded testing. Additional fees are the responsibility of the applicant and are required prior to sampling.

If any re-sampling of the water supply is necessary, a sampling collection fee will be charged, and this fee plus the appropriate laboratory fee will need to be paid PRIOR to an appointment being scheduled for the resampling. For evaluations performed for real estate or banking transactions, all water samples must be taken by a representative of this office to receive an evaluation report. Reports will be issued when all information has been obtained and processed. If cancellation is necessary please contact this office at 269-373-5337 prior to your scheduled appointment time.

HCS - Environmental Health Unit
311 East Alcott Street
Kalamazoo, MI 49001

KALAMAZOO COUNTY GOVERNMENT
Health & Community Services Department

Phone: (269) 373-5337
Web: www.kalcounty.com/eh

Excavation Entry Policy

In efforts to insure the physical safety for all of our staff, the following policy pertains for any excavation exceeding 2 feet in depth from the surface of the ground. If the following criteria are NOT met, staff are not to enter the excavation until the owner/excavator insures the excavation meets all of these criteria:

1. The opening to inspect a sewage system shall be a minimum of 3 feet in diameter or larger, if needed, to allow staff person room to place themselves into the excavation and maneuver as needed to lift and replace inspection ports. Note: Staff may require inspection ports to be physically pulled or replaced in the opening.
2. Adequate means of egress must exist via a sturdy ladder, created stairway, or ramp at no greater than a 45-degree slope. Sidewalls of the excavation and the created stairway and ramp shall be compacted so they are stable and secure.
3. Excavated material MUST be placed a minimum of 2 feet from the edge of the excavation opening.

Excavations exceeding a depth of 4 feet will not be entered unless there is another person present during the inspection or evaluation. Staff will visually evaluate the excavation to insure it appears to be safe for entry. If staff feels uncomfortable entering an excavation for fear of bodily injury, they shall not enter the excavation and inform the homeowner, excavator, or responsible person present of required modifications to meet our minimum criteria for excavation entry.

Application for a Condition Evaluation for an Onsite Sewage Treatment/Water Supply System

(Please print. Complete entire form to avoid a delay in report issuance.)

Onsite Sewage Treatment / Water Supply System will serve / be used for (*check one*):

☐ Single Family Dwelling ☐ Commercial (attach supplemental form)

☐ Duplex/Multi-Family Dwelling ☐ Other

For Office Use Only

Report #:

Property Information:

Parcel / Tax ID #: _____ Lot Size/Dimension: _____

Street Address: _____ Subdivision & Lot #: _____

City, State & Zip: _____ City/Village/Township: _____

Issue Report To:

Name: _____ Contact Phone #: _____

Mailing Address: _____

City, State & Zip: _____

☐ Mail Report to above address ☐ E-mail Report to: _____

☐ Call me to pick up the Report

Additional Information:	**Yes**	**No**	
Garbage Disposal?	☐	☐	Number of Bedrooms: _____
Dwelling Occupied?	☐	☐	➔ If No, last known date of occupancy? _____
Water Treatment Device?	☐	☐	➔ If Yes, what type of treatment device? _____
Municipal Sewer Available?	☐	☐	
Municipal Water Available?	☐	☐	

	Yes	**No**
Does the property contain ☐ aboveground or ☐ underground gasoline or fuel oil storage tank(s)?	☐	☐

If tank(s) exist on property, what is the volume (gallons): _____ and location of the tank(s)? _____

Check Services Desired:

For Real Estate / Banking Transaction

☐ Sewage Treatment and Water Supply System Evaluation

☐ Sewage Treatment System Evaluation Only

☐ Water Supply System Evaluation Only (includes bacteria and nitrate analysis)

☐ Lead in Drinking Water (Additional Lab Fee Applies)

☐ Other Water Analyses Performed upon Request (Additional Lab Fee Applies) _____

Refer to Fee Schedule for current fees associated with these evaluations.

www.kalcounty.com/eh

For Condition Evaluation Only (house demolition and / or addition of bedrooms)

☐ Sewage Treatment and / or Water Supply System Evaluation (does not include water samples)

Note: An inspection fee will be assessed for additional site visits or missed appointments. If resampling of the drinking water is necessary, applicable lab fee(s) will also be assessed. Fees need to be paid prior to the scheduled appointment.

Applicant's Signature: _____ Date: _____

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Non-residential Condition Evaluation for a Sewage Treatment System
Supplemental Information

Please complete the following for a facility other than single-family dwelling or duplex. This form will be attached to the Application for an Onsite Sewage Treatment/Water Supply System Condition Evaluation form.

Name of Facility: _____

Type of Business: _____

Total Square Footage of Building: _____

Days & Hours of Operation: _____

Total Number of Employees: _____

List waste fixture type and number of each (for example, 3 toilets, 5 sinks, 1 urinal, etc.)

_____ _____ _____

_____ _____ _____

_____ _____ _____

Is facility a food service or drinking establishment? _____ If yes, continue below.

☐ No Food Service, Beverages Only

☐ Full Service Restaurant

☐ Limited Service Restaurant

Number of Seats: _____ Number of seat turnovers per day: _____

Open for (circle appropriate meals): Breakfast ☐ Lunch ☐ Dinner ☐

Please include any other information relevant to the waste generated and the design of the sewage treatment system (including grease trap information if relevant). You may be contacted for additional information specific to the type of facility described above.

_____

_____

_____

_____

Applicant Signature: _____ Date: _____

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Credit Card Payment Request

Please fully complete and SIGN this form and send it with the application.

Service Requested _____

Address of Property _____

Service Requested by _____

Cardholder's daytime phone number _____

Name of Credit Card Holder as it appears on the credit card:

_____
First Middle Last

Billing Address:

_____
Street Address City & State Zip Code

Costs for services (Environmental Health Unit Fee Schedule), applications, and instructions are located on the Kalamazoo County website at http://www.kalcounty.com/eh/licenses.htm. Costs for services can also be obtained by contacting Environmental Health Unit staff at (269) 373-5210.

Please charge the above credit card for the requested service(s).

Signature of Card Holder: _____ Date: _____
Kalamazoo County HCS EH, 311 East Alcott Street, Kalamazoo, MI 49001

_____ This shaded area is for office use only._____

____ Phone ____ Mail EH Staff Initials _____ Date _____

Authorization # _____ Dollar Amount $_____

Credit Card Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

V-Code: ___ ___ ___ The V-Code is the last 3 digits on the signature panel.

Expiration Date (Month & Year): ___ ___/___ ___ **MC** ☐ **Visa** ☐

Discover ☐ **AmEx** ☐

Environmental Health Unit Phone: (269) 373-5210
Web: www.kalcounty.com/eh