

**WESTERN U.P. HEALTH DEPARTMENT  
EXISTING SYSTEM INSPECTION REQUEST FORM  
ON-SITE SEWAGE AND/OR WATER SUPPLY SYSTEM(S)**

<b>Gogebic Office</b> W.U.P.H.D. 210 N. Moore Bessemer, MI 49911 (906)667-0200	<b>Baraga, Houghton, &amp; Keweenaw Office</b> W.U.P.H.D. 540 Depot Street Hancock, MI 49930 (906)482-7382	<b>Ontonagon Office</b> W.U.P.H.D. 408 Copper Street Ontonagon, MI 49953 (906)884-4485
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**Type of EXISTING System Inspection Requested** (Check Appropriate Box):

- |                                                                                                   |       |
|---------------------------------------------------------------------------------------------------|-------|
| <input type="checkbox"/> Existing Sewage System Inspection Only                                   | \$250 |
| <input type="checkbox"/> Existing Water Supply System Inspection Only                             | \$250 |
| <input type="checkbox"/> Both Sewage and Water System Supply Inspection                           | \$275 |
| <input type="checkbox"/> MDCH Lab Fee (coliform bacteria \$16 and partial chemical sampling \$18) | \$ 34 |

<p><b>Applicant Information:</b></p> Applicant Name: _____ Mailing Address: _____ _____ Telephone Numbers: Work _____ Home _____  <p><b>Property Owner Information (if different from above):</b></p> Property Owner Name: _____ Mailing Address: _____ _____  Telephone Numbers: Work: _____ Home: _____  <p><b>For Health Department Use Only</b></p> Miss Dig Information: Date of Inspection: _____ Miss Dig TKT#: _____	<p><b>Property Information:</b></p> County Name: _____ Township Name: _____ Section #: _____ Township #: _____ Range #: _____ Property Tax ID #: _____ Fire # or Street Address: _____ Size of Property: _____ Acres _____ Length x _____ Width Cross St. 1: _____ Cross St. 2: _____ Additional Information: _____ _____ _____ _____
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Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Provide a Map to the Property and a Proposed Site Layout on the back of this form.**

<b>HEALTH DEPARTMENT USE ONLY</b>		Client ID: _____	Case No.: _____
Fee Paid: \$ _____	Receipt #: _____		
Date Request Received: _____	Date Payment Received: _____	Payment Received By : _____	

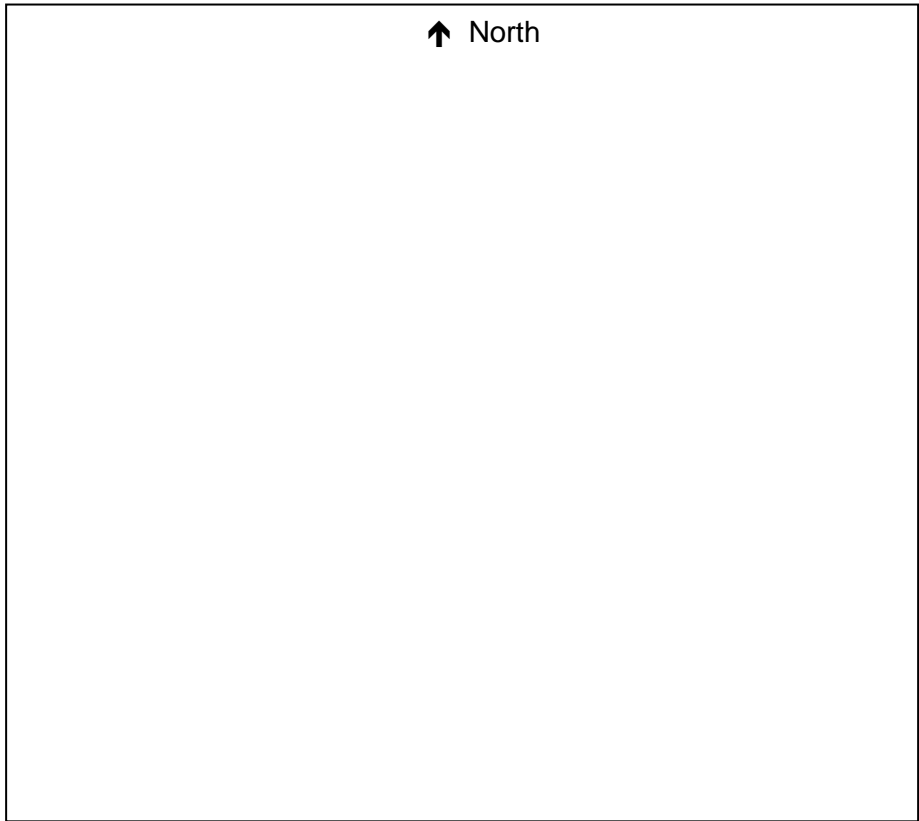
Return inspection request form and associated fee(s) to the appropriate Health Department Office listed above.  
Make checks payable to W.U.P.H.D.

## **MAP TO PROPERTY**

### **Include on Map:**

1. Your Fire Number/address
2. Landmarks that can assist us in finding your property.

↑ North

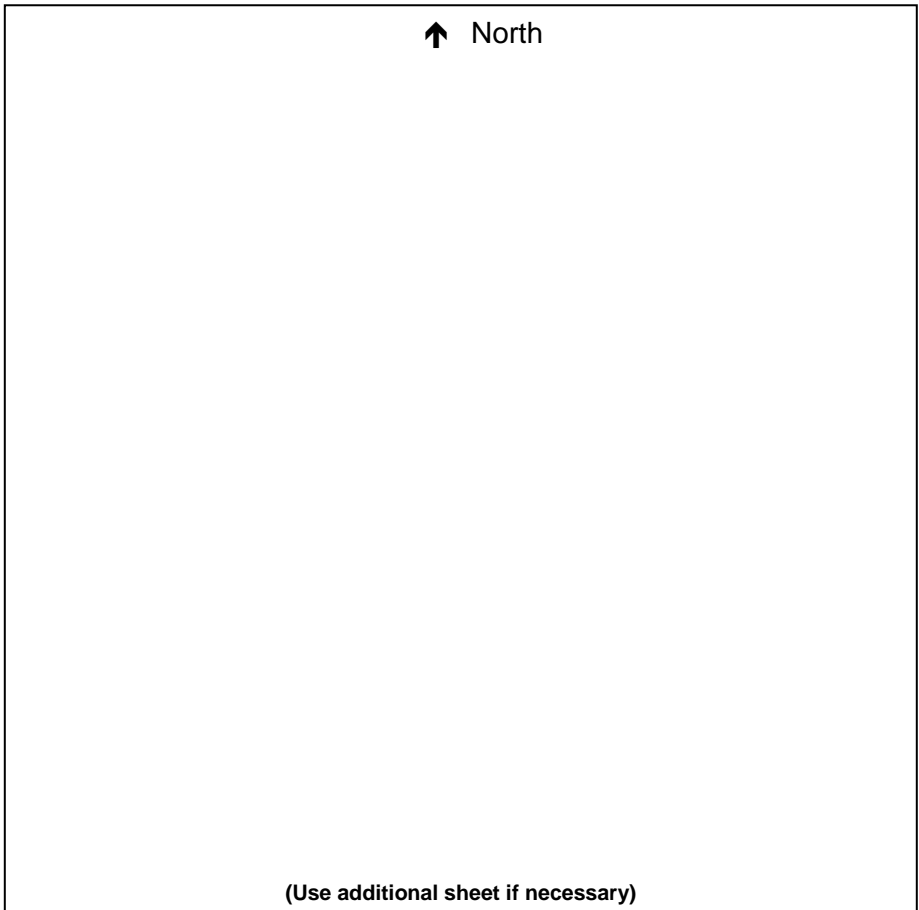


## **PROPOSED SITE LAYOUT**

### **Include on Layout:**

3. Property lines/Dimensions
4. Location of all buildings
5. Well location and Distance to Septic/Drainfield
6. Neighboring Well/Septic System
7. Location (s) of Streets/Roads
8. Location (s) of Body (s) of water
9. Location (s) of underground fuel storage tanks
10. Driveway Location
11. Any Buried Utilities (Cable, Gas, Electric, etc.)

↑ North



(Use additional sheet if necessary)

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An **existing** system inspection is the observation, assessment, and documentation of an existing on-site sewage system and/or water supply system, primarily for the purposes of real estate transactions, or for planned increases of sewage flow to an existing sewage system. Existing system inspections may also be required for certain State funded care programs. The existing system inspections are conducted by staff of the Western U.P. Health Department, Environmental Health Division. Contact should be made with the appropriate office listed below to begin the process.

In order to begin the existing system inspection process a completed “Existing System Inspection Request Form” must be submitted to the department. Ensure you include the following checklist items on your form:

- |                                                                 |                                                              |
|-----------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Type of System Inspection(s) Requested | <input type="checkbox"/> Property Tax Identification Number  |
| <input type="checkbox"/> Complete Questionnaire                 | <input type="checkbox"/> A Detailed Map to the Property      |
| <input type="checkbox"/> County, Township, and T/R/S # 's       | <input type="checkbox"/> A Detailed Site Map of the Property |
| <input type="checkbox"/> Fire # or Street Address               | <input type="checkbox"/> Appropriate fees (see below)        |

**Additional Information:**

- Contact should be made with the appropriate Environmental Health Division office at the earliest possible time to determine what information is available in the archive files regarding the existing system(s). Permits and plans showing the location and construction details of the existing sewage and water supply systems may be on file.
- After the request form has been received by the department, the owner/realtor/agent has the responsibility to schedule the system inspection date. The owner/realtor/agent MUST be present at the time of the system inspection(s).
- When an existing sewage system inspection is requested, the owner/realtor/agent is responsible to obtain a licensed septage hauler to pump the existing septic tank. The septic tank must be pumped at the time of the scheduled inspection(s), in the presence of the health department representative.
- Existing sewage systems will be inspected for compliance with the local Superior Environmental Health Code.
- Existing water supply systems will be inspected for compliance with the Michigan Water Well Construction and Pump Installation Code. Water samples are routinely collected and tested for coliform bacteria and nitrates/nitrites.
- Existing sewage system inspections require on-site soil boring and/or probing by Health Department staff. Miss Dig will be notified by the Health Department, a minimum of three working days, prior to the inspection to mark underground utility lines.
- The minimum time required to complete an inspection is approximately five (5) business days. Upon completion of the evaluation, a report will be generated and provided to the applicant.
- Applications containing incomplete or inaccurate information may result in returning application to applicant, and subsequent delay in processing.

**Residential Fees**

<b>EXISTING SEWAGE OR WATER SUPPLY SYSTEM INSPECTION</b>	<b>\$250</b>
<b>EXISTING SEWAGE AND WATER SUPPLY SYSTEM INSPECTION</b>	<b>\$275</b>

**For Commercial/Industrial System Inspections Contact the Hancock Office Location**

# Existing On-Site Sewage System Inspection Questionnaire

The following survey is an important part of the application for an existing system inspection request. This information is critical for determining whether a system is functioning properly, was properly maintained, and is properly constructed. Omissions and incorrect information submitted will adversely affect the evaluation process.

Approximately how old is the current on-site sewage system? \_\_\_\_\_.

How many bedrooms are in the house? \_\_\_\_\_.

Does the house have a garbage disposal? \_\_\_\_\_.

Does the house have a water softener? Is it plumbed into the sewage system? \_\_\_\_\_.

How many people live in the house? \_\_\_\_\_.

How is the house currently occupied? Seasonal, vacant, and for what time period? \_\_\_\_\_  
\_\_\_\_\_.

How long have you owned this house? \_\_\_\_\_.

Are you the original owner, and if no what is the name of the original owner? \_\_\_\_\_  
\_\_\_\_\_.

When was the last time the septic tank was pumped and by whom? \_\_\_\_\_.

How often has the tank been pumped? \_\_\_\_\_.

Has the system had problems in the past? \_\_\_\_\_  
\_\_\_\_\_.

Were any renovations done to the system after the initial construction and if so, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Are laundry wastes (gray water) plumbed into the sewage system? \_\_\_\_\_.

Are roof drains, footing drains, or sump pump discharge plumbed into the sewage system? \_\_\_\_\_  
\_\_\_\_\_.

Have cars or heavy equipment driven on the drainfield? \_\_\_\_\_.

What is the approximate size of the drainfield? \_\_\_\_\_  
\_\_\_\_\_.