



IONIA COUNTY HEALTH DEPARTMENT

175 E. Adams Street, Ionia Michigan 48846
www.ioniacounty.org Ph: 616-527-5341

APPLICATION FOR EVALUATION OF EXISTING WELL &/OR SEWAGE SYSTEM

For new use, change of use or other property changes

A. Site Information

Address _____ City _____ Zip _____
Property Tax ID # _____ Sec # _____
Township _____ Acreage _____ Side of Road N S E W
Subdivision/Site Condo Name _____ Lot # _____ Approximate year of construction _____

B. Reason for Evaluation: check all that apply

- Replacement of Existing Structure/House
- Adding Bedrooms
- Additional Structures
- Addition to Existing Structure
- Fire or Loss of Structure
- Pole Barn: size ____x____
- Demolition
- Other, describe _____

C. In order to assess the proposal the following information is required:

All applications: Fuel oil or gasoline storage tanks on the property? Yes No If yes, location _____
Is Municipal Water Available? Yes No Is Municipal Sewer Available Yes No

Residential use: Number of initial bedrooms ____ . # Additional bedrooms proposed ____ . # of intended occupants ____
Will the structure have a garbage disposal Yes No

Non-residential use: Type explain (store, office, commercial, etc.): _____
Number of employees ____ . # of patrons per day (using water or restrooms) _____

D. Provide a site plan of the structure well &/or septic, driveway, property lines & proposed addition, new structure, etc. as applicable

E. Owner/Applicant Information:

Applicant: _____ Owner? Yes No Current Owner: _____

Mailing Address _____ City _____ Zip _____ Phone # _____

Signature _____ / ___ / ___ Date _____ Email _____

Office Use Only		
Date Received ___/___/___	Fee Paid _____	Receipt # _____
Appt Date ___/___/___	Appt Time _____ am/pm	



Chad Shaw, BBA, Health Officer
Dr. Adenike Shoyinka, M.D., Medical Director



Prevent Disease; Prolong Life; Protect the Environment!