



IONIA COUNTY HEALTH DEPARTMENT
 Environmental Health Division
 175 East Adams Street, Ionia, MI 48846
 616-527-5341/FAX 527-8202

Property Tax ID# _____

DATE: ____/____/____

EVALUATION REQUEST AND REPORT OF PRIVATE WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM

(An administrative fee is charged for all refund requests)

Street Address _____ City _____ Zip _____
 Township _____ Section Number _____ Subdivision _____ Lot # _____
 Present Owner _____ Previous Owner _____
 Requestor's Name _____ Address _____ Phone # _____
 Report Results To _____ Address _____ City _____ Zip _____
 Email Address _____ Phone # _____ Fax # _____
 Comments/Instructions/Contact Person Name/Phone # _____

Dwelling Occupied? Yes No If no, last date of occupancy _____
 Standard water samples will be taken (Bacteriological, Nitrate, Nitrite) Other (specify) _____

DO NOT WRITE BELOW THIS LINE HEALTH DEPARTMENT USE ONLY

Appointment: ____/____/____ : ____AM/PM Fee: _____ Receipt # _____

Sketch of well, septic and house locations, isolation distances, etc. on back

Water Supply System: Municipal On-Site Permit Number (s): _____ Well Log on File? YES NO
 Known Old Well(s) Abandoned Properly? Yes No N/A Yard Hydrant Present? Yes No Sample Tap Present? Yes No
 Water Supply Meets Current Construction Codes? Yes No (If no, see comments)
 Approved Isolation from Known Sources of Contamination? Yes No Type of Contaminant _____ Distance _____
 Water Sample Analysis ACCEPTABLE UNACCEPTABLE (see comments on water)
 Comments on Water Supply _____

Sewage Disposal System: Municipal On-Site Permit Number (s) _____ Final Inspection Date _____
 Evidence of Malfunction? Yes No Softener Present Yes No Disposal of Backwash: _____
 List improper Fixtures Connected to System _____
 Does Sewage System Meet Present Code Requirements? Yes No Unknown
 Comments on Sewage System _____

Since many interrelating factors contribute to the failure of a water supply or sewage disposal system, findings on this report do not imply approval by this department or a guarantee of continued successful operations.

Signature of Sanitarian _____

Date _____

Attachments: Well/septic permit Well log Water sample result(s) Additional comments

rev 03/17