SEPTIC / WELL EVALUATION

Evaluations of septic system, well and water supply conducted by the St. Clair County Health Department are completed only at the request of an agency or individual as a consultative function. *The scope of the evaluation is limited to our observation and finding of what exists as determined from available records, documents or by visible physical examination of the basic construction, location (isolation distances) and maintenance.* Our evaluation will report only if or not, any observable problems or current code violations exist. When we cannot accurately determine the facts, we will report our findings as “UNABLE TO DETERMINE”, which means conditions, are neither ‘satisfactory’ nor ‘unsatisfactory’, but are ‘UNKNOWN’. The Health Department will not provide any other reports or statements to the applicant other than what has been provided on our official evaluation report. Be advised that evaluations will be provided as weather conditions allow. Snow cover, frozen ground, or flooding may prevent the completion of the evaluation.

*Please be advised that we recommend arsenic testing for certain areas, however, it is the responsibility of the applicant to request.*

**INSTRUCTIONS – PLEASE READ CAREFULLY!**

1. This department cannot evaluate undocumented facilities without physical inspection; therefore, it shall be the applicant’s responsibility to arrange for partial excavation of the septic system for our observation and evaluation. Winter conditions could possibly prevent evaluation completion.

2. Allow **at least** two weeks for completion of the evaluation after the Health Department receives the properly completed application and payment. **INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED TO THE APPLICANT AND WILL DELAY OUR RESPONSE TIME.**

3. The original report will be sent to the applicant. It shall be the responsibility of the applicant to provide copies of the evaluation report to all other interested parties.

**FEES:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septic / Well Evaluation</td>
<td>$400.00</td>
<td><em>Includes Bac-T/PC/Lead-Copper/Arsenic</em></td>
</tr>
<tr>
<td>Septic / Well Evaluation</td>
<td>$350.00</td>
<td><em>Includes Bac-T/PC</em></td>
</tr>
<tr>
<td>Septic Evaluation Only</td>
<td>$200.00</td>
<td></td>
</tr>
<tr>
<td>Well Evaluation Only</td>
<td>$300.00</td>
<td><em>Includes Bac-T/PC/Lead-Copper/Arsenic</em></td>
</tr>
<tr>
<td>Well Evaluation Only</td>
<td>$250.00</td>
<td><em>Includes Bac-T/PC</em></td>
</tr>
<tr>
<td>Follow-up Evaluation</td>
<td>$  50.00</td>
<td></td>
</tr>
</tbody>
</table>

**MAKE CHECK PAYABLE TO: SCCHD**

*** APPLICANT MUST CALL SANITARIAN BETWEEN 8 A.M. – 10 A.M. TO ARRANGE FOR EVALUATION AFTER RECEIPT OF COMPLETED APPLICATION AND PROPER FEE ***
SEPTIC / WELL EVALUATION

ATTACH SKETCH OF PROPERTY WITH THIS APPLICATION

☐ Well Only          ☐ Septic Only          ☐ Well & Septic

PROPERTY TAX ID NUMBER: 74 - _____ - _______ - _______ - _______ - _______

PROPERTY ADDRESS: ____________________________________________ TOWNSHIP: ____________________________

REASON FOR EVALUATION: __ CHANGE OF BUILDING USE      __ NEW HOME      __ HOME EXPANSION
                       __ REMODEL        __ POINT OF SALE    __ REFINANCE    __ REAL ESTATE TRANSFER

APPLICANT: ______________________________________________ PHONE NO: ____________________________

APPLICANT ADDRESS: __________________________________________

____ REALTOR      ____ LENDING AGENCY      ____ PROPERTY OWNER      ____ BUYER      ____ TENANT      __ OTHER

EMAIL EVALUATION REPORT TO: __________________________________________

OR MAIL EVALUATION REPORT TO: __________________________________________

PRESENT PROPERTY OWNER: __________________________________ PHONE NO: ____________________________

PROPERTY OWNERS MAILING ADDRESS: __________________________________________

PROPERTY BUYERS NAME: ______________________________________ PHONE NO: ____________________________

BUYERS MAILING ADDRESS: __________________________________________

PROPERTY IS PRESENTLY:  ☐ OCCUPIED    ☐ VACANT    If vacant; date last occupied: __________________

LOT SIZE: _______ ACRES    # OF BEDROOMS: _______

SEPTIC INFORMATION

Is the septic system located on this property?  ☐ YES    ☐ NO

Have there been any repairs to the system within past 3 years?  __________

Tank last pumped out date: __________   Tank capacity: _______ gallon   Date system was installed: __________

Name of Installer: __________________________________________   Disposal field consists of ______ feet   ☐ Trench   ☐ Solid Bed

Where did you obtain the above information? _________________________________________________

OTHER: ____________________________________________________________________________________

WELL INFORMATION:  ☐ Bacteria    ☐ PC    ☐ Lead / Copper    ☐ Arsenic

Is well located on this property?  ☐ YES    ☐ NO  NAME OF WELL DRILLER: ______________________________

Depth of well ______ feet   The well is located ______ feet from the septic tank and ______ feet from the disposal field.

Where did you obtain information regarding your well? ______________________________________________

OTHER INFORMATION: __________________________________________________________________________________

Signature of applicant: _____________________________________  Date: __________________________

FOR LOCAL HEALTH DEPARTMENT OFFICE USE ONLY:

Date: _________ Fee: _________ Receipt #: ______________  ☐ Cash  ☐ Check # _______  ☐ Credit Card Initials: ___
SKETCH THE LOCATION OF THE WELL AND SEWAGE SYSTEM WITH RESPECT TO LOCATION OF THE HOUSE. SHOW DISTANCE BETWEEN WELL AND SEWAGE SYSTEM AND WHERE PROPERTY LINES ARE LOCATED. SHOW LOCATION OF ANY NEIGHBORING WELLS IF LOCATED WITHIN 100' OF SEWAGE SYSTEM. YOUR SKETCH SHOULD RESEMBLE THE SAMPLE SKETCH BELOW.

SAMPLE SKETCH (Not to Scale)

PROPERTY LINE

DISPOSAL FIELD

10 ft.

TANK

50'

HOME

GARAGE

Driveway

WELL

PROPERTY LINE

200'

NAME OF ROAD:

SKETCH YOUR INFORMATION BELOW