WELL / SEPTIC EVALUATION

Evaluations of well and water supply and septic systems 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. Be advised that 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>Fee</th>
<th>Description</th>
<th>Make Check Payable To: SCCHD</th>
</tr>
</thead>
<tbody>
<tr>
<td>$294.00</td>
<td>Well and Septic Evaluation</td>
<td>*Includes Bac-T/ PC/ Lead-Copper/ Arsenic</td>
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<tr>
<td>$236.00</td>
<td>Well and Septic Evaluation</td>
<td>*Includes Bac-T/ PC</td>
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<td>$150.00</td>
<td>Septic Evaluation Only</td>
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<td>$244.00</td>
<td>Well Evaluation Only</td>
<td>*Includes Bac-T/ PC/ Lead-Copper/ Arsenic</td>
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<tr>
<td>$186.00</td>
<td>Well Evaluation Only</td>
<td>*Includes Bac-T/ PC</td>
</tr>
<tr>
<td>$50.00</td>
<td>Follow-up Evaluation</td>
<td></td>
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</tbody>
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*** APPLICANT MUST CALL SANITARIAN BETWEEN 8 A.M. - 10 A.M. TO ARRANGE FOR EVALUATION AFTER RECEIPT OF COMPLETED APPLICATION AND PROPER FEE ***
WELL / SEPTIC EVALUATION

ATTACH SKETCH OF PROPERTY WITH THIS APPLICATION

☐ Well Only  ☐ Septic Only  ☐ Well & Septic


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: ____________________________

___ 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: _______

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: ____________________________________________________________________________________

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: ________________________________________________________________________________________________

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

10 ft.

DISPOSAL FIELD

TANK

200'

50'

HOME

GARAGE

Driveway

WELL

PROPERTY LINE

**NAME OF ROAD:**

**SKETCH YOUR INFORMATION BELOW**