

**Branch-Hillsdale-St. Joseph Community Health Agency**

[www.bhsj.org](http://www.bhsj.org)

570 Marshall Road  
Coldwater, MI 49036  
(517) 279-9561 ext. 106

20 Care Drive  
Hillsdale, MI 49242  
(517) 437-7395 ext. 311

1110 Hill Street  
Three Rivers, MI 49093  
(269) 273-2161 ext. 233

*Office Use Only:*

*Date Received:* \_\_\_\_\_ *Paid by:* \_\_\_\_\_ *Check #* \_\_\_\_\_  
*Receipt #:* \_\_\_\_\_

**Water Supply – Sewage Disposal Evaluation Request**

*Evaluation Fee of \$225.00 must accompany this request, and includes the bacteria and nitrate water samples only. See below for additional fees. Please make check payable to Community Health Agency. A \$25.00 handling fee will result if an evaluation request is cancelled after payment if no field service has been provided. No refund will be available after staff has provided field assistance.*

Property Address \_\_\_\_\_ City \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_ Property ID (Tax #) \_\_\_\_\_

Township \_\_\_\_\_ Section \_\_\_\_\_ Property Size \_\_\_\_\_

House Occupied ( ) Yes ( ) No – if No, last date occupied \_\_\_\_\_ (ELECTRICITY NEEDED FOR WATER SAMPLES)

Types of water samples needed: \_\_\_\_\_ Bacteria \_\_\_\_\_ Nitrate (NO3) \_\_\_\_\_ Nitrite (NO2)

The following samples will require an additional fee (fees include mailing cost):

- \_\_\_\_\_ Lead (Pb).....\$27 Grab sample, not stagnant
- \_\_\_\_\_ Arsenic (As) ..... \$27
- \_\_\_\_\_ Volatile Organic (VOC).....\$110

Present Owner’s Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Buyer’s Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Real Estate Company \_\_\_\_\_

Name and phone number of person to contact for access to house \_\_\_\_\_

Send Report to ( ) Owner ( ) Buyer ( ) Realtor ( ) Other \_\_\_\_\_

**I, the owner or the owner’s representative, agree to allow the representative of the Community Health Agency access to the described parcel to perform necessary tests and observations.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Two or three weeks should be allowed to complete the field evaluation and water tests. A longer period may result if repairs or repeat samples are needed. If there is no sewage permit on file, the septic tank must be pumped before any field work will be done by our agency. A statement from the licensed septic pumper must be provided which states the septic tank volume and type of baffle at tank outlet.

**EVALUATIONS WILL ONLY BE MAILED TO THE REQUESTING PARTY OR MAY BE PICKED UP AT OUR OFFICE BY APPOINTMENT. EVALUATION REPORTS WILL NOT BE SENT BY FAX LINE.**

Please list names of previous owners of this home, if known \_\_\_\_\_

What year was this home originally built? \_\_\_\_\_ Name of original owner \_\_\_\_\_

Name of builder of home, if known \_\_\_\_\_

What year were repairs made to septic system? \_\_\_\_\_ Septic Permit # \_\_\_\_\_

What year was a replacement well installed? \_\_\_\_\_ Well Permit # \_\_\_\_\_

# of Bedrooms \_\_\_\_\_ # of Bathrooms \_\_\_\_\_ Garbage disposal? ( ) Yes ( ) No Water Softener? ( ) Yes ( ) No

Present number of occupants \_\_\_\_\_ Proposed number of occupants \_\_\_\_\_

Directions to House \_\_\_\_\_

**Provide a sketch below showing the approximate location of the house, septic system and water supply well:**