

**REQUESTED BY:**

FHA  CONVENTIONAL   
FARM HOME  OTHER   
VA

Rec'd by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Amt. Received: \_\_\_\_\_  
Receipt No: \_\_\_\_\_

**BERRIEN COUNTY HEALTH DEPARTMENT**

2149 E. Napier Ave. P.O. Box 706  
Benton Harbor, MI 49023-0706  
Phone: 269-927-5623

21 N. Elm Street  
Three Oaks, MI 49128  
Phone: 269-756-2008

1205 N. Front Street  
Niles, MI 49120  
Phone: 269-684-2800

**APPLICATION FOR WATER SUPPLY/SEWAGE SYSTEM EVALUATION**

Person Requesting Evaluation: (If different from owner)

Owner: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Office \_\_\_\_\_

**HOME INFORMATION**

**LOCATION**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ Township: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot No: \_\_\_\_\_  
Year house built: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_  
Is house presently occupied: Yes  No  Date last occupied: \_\_\_\_\_  
Basement: Yes  No  Water softener: Yes  No   
House description: (white/blue trim, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WATER SUPPLY**

Public: Yes  No  Date Well Installed: \_\_\_\_\_  
Well drillers name: \_\_\_\_\_  
Pump installers name: \_\_\_\_\_  
Well depth: (feet) \_\_\_\_\_ Well size: (inches) \_\_\_\_\_  
Repair history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEWAGE SYSTEM**

Public: Yes  No  Date installed: \_\_\_\_\_  
Date septic tank last pumped: \_\_\_\_\_  
If septic tank has not been pumped within last six months, it must be pumped by licensed septage hauler with pumper report submitted to Berrien County Health Department.  
Repair history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPERTY SKETCH**

**SKETCH AND DISTANCES:** Roads, tree lines, topographical changes, proposed well and sewage system, neighbor's well and sewage system:

**NORTH**



**NECESSARY INFORMATION:**

- 1. Additional fees will be assessed if premises are not accessible at time of sanitarian's visit as pre-arranged, or for additional visits to re-sample water supply.
- 2. Incomplete request forms will be returned to the applicant. No arrangements or inspections will be made until all information and documentation is received.

**FEES (check appropriate boxes)**

**WATER SUPPLY ONLY (Bacteria & Nitrate Analysis)**

Local Laboratory \_\_\_\_\_ \$ 150.00

**SEWAGE DISPOSAL ONLY**

On-site, Sewage Disposal System \_\_\_\_\_ \$ 110.00

**BOTH WATER SUPPLY AND SEWAGE DISPOSAL**

Local Laboratory \_\_\_\_\_ \$ 240.00

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_