

District Health Department No. 10

Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana and Wexford Counties

Application for a Mortgage Evaluation

Property Information:

Application Date: _____

Township _____ Section # _____ Town # _____ Range # _____

Property Tax ID # _____ Subdivision _____ Lot # _____

Property Owner Name _____

Property Street Address _____

Applicant _____ Telephone # _____

Mailing address _____

Evaluation Contact Person _____ Telephone # _____

Type of Facility: { } Single Family Residence { } Duplex Residential Multi-family Residential **Evaluation:** { } Full
{ } Commercial Business { } Public Institution { } Septic Only
{ } Well Only

- How many existing Bedrooms (include a loft used for sleeping space) in the dwelling? _____
- Is there a garbage grinder installed in the dwelling? Yes No
- Is a water softener installed in the dwelling? Yes No
- Is there a whirlpool or hot tub (with more than 50 gallon capacity) installed in the dwelling? Yes No
If Yes, does it empty into the septic system? Yes No
- Is this dwelling connected to a municipal/public sewer system? Yes No
- Is there an existing sewage treatment system currently on this property? Yes No
- In what year was the existing sewage system constructed? _____
- Was a construction permit from the Health Department obtained at that time? Yes No Unknown
- If known, what Name was on the original permit issue? _____
- Has the existing septic tank been pumped within the past 36 months? Yes (attach pump card) No
- To the best of your knowledge, is the existing sewage system functioning properly? Yes No
- Is municipal/public water service available to serve this property? Yes No
- Is this dwelling connected to a municipal/public water supply system? Yes No
- Is there an existing water well currently on this property? Yes No
- In what year was the water well system constructed/installed? _____
- Was a construction permit from the Health Department obtained at that time? Yes No Unknown
- If known, what Name was on the original permit issue? _____
- If known, what was the Name of the Well Driller who constructed the well? _____
- Are there any storage tanks containing liquid (other than LP Gas), or other chemicals on the property? Yes No
- To the best of your knowledge and belief, is the existing water well and pump system functioning properly, and producing an adequate supply of water sufficient to meet normal daily needs of the dwelling? Yes No

Note: If during the evaluation a public health violation is found, regulatory action will be taken.

Applicants Signature (owner or authorized representative)

Date

Date Received

Directions to Property: (please include map if property is difficult to find)

Site Plan Direction: (please include and show all in site plan area)

Prominent landmarks on or nearby the site (surface waters, fences, large trees, buildings, neighboring houses, etc.)

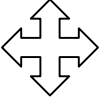
Site boundaries/Property boundaries

Show location of buildings and driveway (proposed and existing)

Show location of the proposed well and sewage treatment system and any existing well and/or septic systems

PLEASE show as much detail as possible on the site plan drawing.

Please indicate **NORTH** on site plan

	Site Plan Area

District Health Department # 10

Crawford County
202 Meadows Dr.
Grayling, MI 49738
(989)348-7800
(989)3485346 fax

Kalkaska County
625 Courthouse Dr.
Kalkaska, MI 49646
(231)258-8669
(231)258-2805 fax

Lake County
5681 S. M-37
Baldwin, MI 49304
(231)745-4663
(231)745-2501 fax

Manistee County
385 Third St.
Manistee, MI 49660
(231)723-3595
(231)723-1477 fax

Mason County
916 Diana St.
Ludington, MI 49431
(231)845-7381
(231)845-0438 fax

Mecosta County
14485 Northland Dr.
Big Rapids, MI 49307
(231)592-0178
(231)796-7864 fax

Missaukee County
6180 W Sanborn Dr Suite 1
Lake City, MI 49651
(231)839-7167
(231)839-7908 fax

Newaygo County
PO Box 850
White Cloud, MI 49349
(231)689-7300
(231)689-7382 fax

Oceana County
3986 N. Oceana Dr.
Hart, MI 49420
(231)873-2193
(231)873-4248

Wexford Count
521 Cobbs St.
Cadillac, MI 49601
(231)775-9942
(231)775-5372

MORTGAGE EVALUATION INSTRUCTIONS

When applying for a Mortgage Evaluation the following information is needed:

1. Property information
2. Applicants name and contact information
3. Answer "all" questions on the application; feel free to contact our office if you have any questions.
4. On the reverse side of the application, draw a diagram of the property. (Directions are given in the back.)
5. Directions to the property
6. Proof of pumping within the last 36 months is required. (Pump card)
7. All appropriate fees must be paid before inspection can take place.
8. The sanitarian will contact the owner/applicant to schedule an appointment to obtain water samples.
9. Fees are: \$240.00 or \$265.00 with lead test (water)
10. Mail the completed application with the appropriate fees (*payable to DHD #10*) to your local county's health department office.

If you have any questions regarding the application process, you may call our office between the hours of 8:00 a.m. and 4:30 p.m.