



REAL ESTATE EVALUATION APPLICATION

FOR OFFICE USE ONLY

APPLICATION CANNOT BE PROCESSED UNLESS ALL REQUESTED INFORMATION HAS BEEN PROVIDED AND IS ACCOMPANIED WITH REQUIRED FEE.

DATE REC'D _____

CHECK # _____

RECEIPT # _____

ORDER # _____

Ottawa County Dept. of Public Health
Environmental Health Services
12251 James St., Suite 200
Holland, MI 49424

CASH, CHECK, MONEY ORDER
MASTERCARD AND VISA - HOLLAND OFFICE ONLY

1-800-764-4111 ext 5645
PHONE (616) 393-5645
FAX (616) 393-5643

HOURS: Holland

Monday through Friday 8 - 5 open during lunch

It is the responsibility of the homeowner to locate and stake utilities, sprinkler lines, and other underground infrastructure. Ottawa County is not responsible for damaged utilities, sprinkler lines, or other underground infrastructure.

Table with 4 columns: Service Description, Price, Service Description, Price. Includes options like 'BOTH On-Site Private Sewage Disposal & Water Supply Systems' for \$345.00 and 'ONLY On-Site Private Water Supply' for \$280.00.

This Evaluation is requested for ___ Real Estate Sale ___ Re-Financing

PROPERTY LOCATION:

SEND EVALUATION RESULTS TO:

Property Tax Parcel #70- _____
Address Location _____
Township _____
Owner's Name _____
Address _____
City _____ Zip _____
Owner's Phone _____

Realty or Owner _____
Attention: _____
Address _____
City _____ Zip _____
Realtor's Phone (_____) _____
E-Mail Address _____

Type of Structure: ___ Single Family Home ___ Duplex ___ Apartment ___ Commercial Business ___ Industrial Bldg
Is structure currently occupied? ___ Yes ___ No If yes, how many occupants ___ If no, structure has been vacant since _____
Municipal Water Available ___ Yes ___ No If yes, is it utilized ___ Yes ___ No
Municipal Sewer Available ___ Yes ___ No If yes, is it utilized ___ Yes ___ No

ON-SITE SEWAGE DISPOSAL SYSTEM(S) - INCLUDE ALL SOLIDS & GREY WATER DISCHARGE
DO NOT PUMP TANKS PRIOR TO INSPECTION

Location of System _____ Age of System ___ years Is there any discharge to ground surface ___ Yes ___ No
(indicate on sketch below) Is there backups/stoppage in the household plumbing ___ Yes ___ No
Structure is served by ___ One ___ Two ___ Three sewage disposal systems. Give recent date septic tank(s) pumped _____
Number and capacity of septic tank(s) _____
Plumbing fixtures in basement ___ Washing Machine ___ Laundry Tub ___ Shower ___ Bath Tub ___ Toilet ___ Sink ___ Not Applicable
If applicable, the fixtures in basement discharge to _____ Number of Bedrooms _____

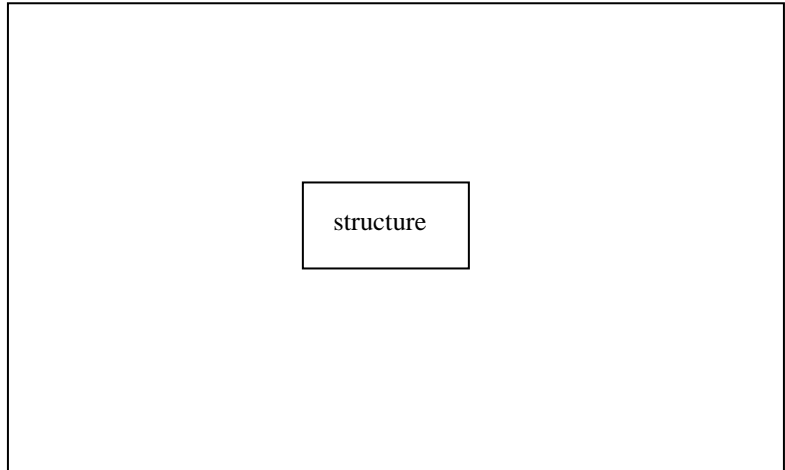
ON-SITE WATER SUPPLY SYSTEM

Water well is located in ___ Basement ___ Outside Yard ___ Well Pit Is water treated? ___ Yes ___ No
If yes, type of treatment: ___ Softener ___ Nitrate Removal Unit(RO) ___ Filtration Other _____

SKETCH

IN THE BOX, PLEASE IDENTIFY AND SKETCH THE LOCATION OF:

- SEPTIC TANK (S)
-SEWER(S) OUTLET FROM STRUCTUE
-SOIL ABSORPTION SYSTEM(S) / DRAINFIELD
-WATER - WELL(S)
-NEAREST STREET OR ROAD



I hereby authorize the Ottawa County Health Department to collect water samples and to conduct necessary evaluations at the above location. Application fees are nonrefundable upon initiation of any field activities.

Applicant's Signature
4/2019

Date