

Gwen Unzicker, M.D. Medical Director

**SITE VISIT REQUEST** For evaluating on-site system for homes with proposed remodeling and/or additions.

PLEASE COMPLETE THIS FORM, ENCLOSE REQUIRED FEE, AND RETURN IT TO THE ADDRSS LISTED. FORM WILL NOT BE PROCESSED UNLESS COMPLETED, SIGNED AND RETURNED WITH FEE.

SITE VISIT \$200.00	For office use only Date Rec'd Check# or Credit Card Receipt #
Site Location	<u>Submit Report To</u>
Property Tax Parcel #70	Name
Name	Address
Address	City State
City Township	_ Zip Telephone
Telephone	E-Mail Address
Garbage Disposal proposed:YesNo Indoor Whirlpool/Hot Tub:YesNo sq. ft. Basement, # of Bedrooms sq. ft. 1 <sup>st</sup> Floor, # of Bedrooms sq. ft. 2 <sup>nd</sup> Floor, # of Bedrooms REQUIRED SITE SKETCH • House, Well, Public Water Line, Septic Tank, Drainage Area • Streets, Other Sources of Contamination (i.e. gasoline/fuel oil tanks)	Please indicate what plumbing will be roughed in/already exists in the basement: WasherLaundry Tub Shower UnitSinkToilet Sump PitNone Other:
Applicant's Signature Date	
Revised 2/2014	