



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 Health Dept. 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: Hudsonville Monday, Wednesday, Friday 8 - 12 and 1 - 5 Grand Haven Monday, Wednesday, Friday 8 - 12 and 1 - 5 Holland Monday through Friday 8 - 5 open during lunch

Table with 4 columns: Service, Price, Service, Price. Includes items like 'BOTH On-Site Private Sewage Disposal & Water Supply Systems \$205.00' and 'ONLY On-Site Private Water Supply \$155.00'.

DEDUCT \$40.00 LAB FEE IF WATER WILL BE SAMPLED & ANALYZED BY A PRIVATE LAB

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

PROPERTY LOCATION:

SEND EVALUATION RESULTS TO:

Property Tax Parcel #70- _____

Realty/Owner _____

Address Location _____

Attention: _____

Township _____

Address _____

Owner's Name _____

City _____ Zip _____

Address _____

Realtor's Phone (____) _____

City _____ Zip _____

E-Mail Address _____

INSTRUCTIONS:

Owner's Phone _____

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

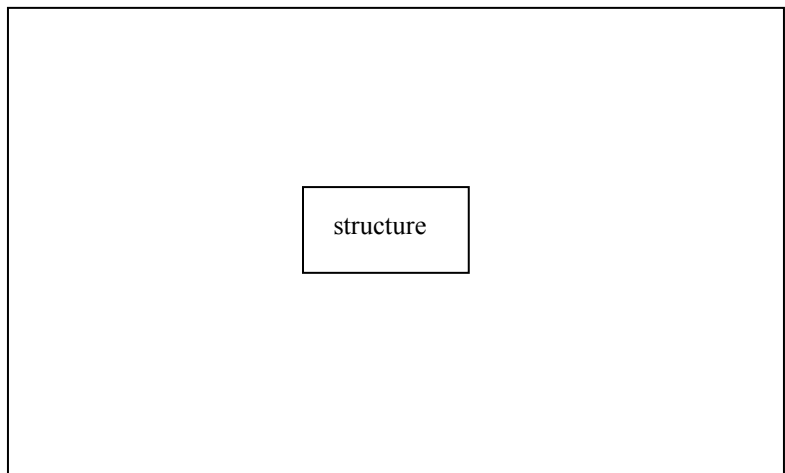
Water well is located in ___ Basement ___ Outside Yard ___ Well Pit Is water treated? ___ Yes ___ No

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



NOTICE TO PERSON REQUESTING SANITARY FACILITY EVALUATIONS

Any additional services requested by the Health Department to enable thorough evaluations of water supply/wastewater disposal systems must be arranged for and paid for by the owner or applicant. Additional inspections or reports requested from the Health Department more than 60 days after the date of the original report will be subject to additional fees. Additional water sampling visits can be made at the request of the owner/applicant at the cost of \$115 plus applicable lab fee(s).

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 11/8/2011

_____ Date