



**County of Ottawa**  
*Health Department*

**Environmental Health Services**

12251 James St., Suite 200  
Holland, MI 49424  
Phone (616) 393-5645 Fax (616) 393-5643

**SEPTIC EVALUATION**  
**60 DAY SUBMITTAL**

**TODAYS DATE:** \_\_\_\_\_

**NOTE TO NEW HOMEOWNER:** This septic evaluation request is necessary because this office was unable to perform a full evaluation of the septic system due to vacancy. It is **your** responsibility to notify the health department after you have occupied the home for 60 days. This re-inspection is very important because it will let you know if your home's septic system is working properly. A failing septic system can present a health hazard and will also be expensive to replace.

RE: \_\_\_\_\_

(NAME OF OWNER)

PARCEL NUMBER: \_\_\_\_\_

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(PHONE NUMBER)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(SIGNATURE)

This form is to be submitted to our department as the official request to perform the follow-up sewage disposal system inspection at the above referenced address after the required 60 day continuous occupancy period has been completed since the date of the initial inspection when the home/structure was vacated.

Date home/structure was occupied: \_\_\_\_\_

Has the septic tank been pumped out since you moved in the house? NO \_\_\_\_\_ YES \_\_\_\_\_ DATE \_\_\_\_\_

Has there been any evidence of sewage system malfunction? NO \_\_\_\_\_ YES \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

**IF DIFFERENT FROM OWNER**

\_\_\_\_\_  
(FIRM)

\_\_\_\_\_  
(TELEPHONE NUMBER)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(ZIP)

\_\_\_\_\_  
(SIGNATURE)