

Instructions for Completing An Application for Onsite Sewage Treatment/Water Supply System Evaluation

This evaluation will assess an existing sewage treatment and/or water supply system

1. Fill out application completely.
2. Submit application and fee to:
Kalamazoo County Health & Community Services Department
Nazareth Complex Environmental Health Division
P.O. Box 42 Nazareth, MI 49074-0042
Ph: 269-373-5337 Fax: 269-373-5333
3. Payment can be made by cash, checks payable to the *Kalamazoo County Health & Community Services Department* or by credit card. ([FEES](#))
4. Upon receipt of the application by our office, you will be contacted for a scheduled appointment.
5. Your paper work will be available approximately one week after the field assessment is completed. Please indicate on the application form if you want to be contacted by phone to pick up your evaluation results.

Onsite Well and/or Sewage System Evaluation Procedure

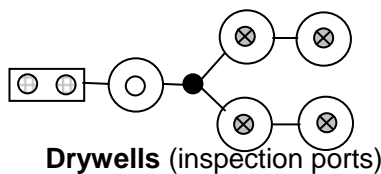
1. Sewage Treatment System

Arrangements for uncovering sewage systems and associated costs are not the responsibility of this office. It is the property owner's responsibility to have all necessary areas of the sewage system(s) uncovered, including kitchen and laundry drywells if present. If the required areas (described below) will not be exposed by your scheduled appointment time, please call 269-373-5337 to reschedule. A re-inspection fee will be assessed to any property that is not ready for inspection at the scheduled appointment time. Additional sewage treatment areas may need to be opened if deemed necessary by the inspector.

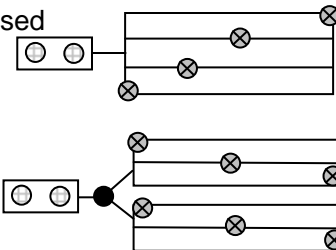
- Septic tank(s)- This office requires all septic tank(s) to have been pumped within three years from date of application. If the tank has been pumped, either a dated receipt verifying pumping or a completed pump card must be submitted from a state licensed septage pumper before a final report will be released. (Note: See 2(a) if water well present on property)
- Alternator Valve- Valve must be located and opened at time of evaluation
- Drywell and block trenches- All drywells and block trenches, unless otherwise directed, must be uncovered so the inspection ports are accessible for evaluation. Inside walls of drywell(s) or block trench must be visible.
- Drainbeds- Drainbeds must be exposed in at least four areas of a single drain bed system or in at least 3 areas of each bed in a dual drain bed system. Expose the perforated pipe and the stone beneath the pipe.
- Tile trenches- Tile trenches will have a cross section(s) dug out on each of the trench lines. Expose the perforated pipe and the stone beneath the pipe.
- Stoneless System- For a stoneless tubing system, expose or create an inspection port that allows viewing inside each tube; for a stoneless chamber system, expose **the endcap of each** trench to allow viewing the entire length of the trench.

EXAMPLES:

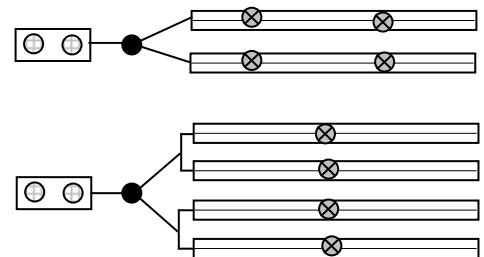
⊗ Indicates area that needs to be exposed



Drywells (inspection ports)



Drainbeds Tile Trenches



2. Water Supply System

- Isolation- If the septic tank(s) location is not in the Environmental Health file, it will be necessary to expose the closest portion the septic tank to the premise water well to determine isolation distance. If the water well head is below ground, it will be necessary to expose the top of the well to determine isolation distances. If an underground, aboveground, or basement fuel storage tank is present on property, the location must be identified to determine isolation to water well.
- Construction- Well casing and pressure tank must be accessible for viewing during evaluation.
- All water samples will be taken from the kitchen sink. We do not flame, treat or remove the aerator prior to taking samples. If nitrite testing and/or lead testing are necessary for the loan to be processed, please include this information at time of application. Nitrite and lead test results will be included in the final report when requested. The MDEQ, Kent County or private laboratories can perform nitrite and lead testing. For an additional fee, this office can secure and deliver nitrite and/or lead water tests at your request. (NOTE: Lead test is not a first draw sample; if this is required you must make other arrangements for this test.)
- If the well is within one half mile of a known contamination site and it is determined that expanded testing is necessary, the applicant will be notified prior to the scheduled appointment time. The MDEQ or KAR Laboratories can perform expanded testing. Additional fees are the responsibility of the applicant and are required prior to sampling.

If any re-sampling of the water supply is necessary, a sampling collection fee will be charged plus the appropriate laboratory fee will need to be paid PRIOR to an appointment being scheduled for the resampling. All water samples must be taken by a representative of this office to receive an evaluation report. Reports will be issued when all information has been obtained and processed. If cancellation is necessary please contact this office at 269-373-5337 prior to your scheduled appointment time.

Excavation Entry Policy

In efforts to insure the physical safety for all of our staff, the following policy pertains for any excavation exceeding 2 feet in depth from the surface of the ground. If the following criteria are NOT met, staff are not to enter the excavation until the owner/excavator insures the excavation meets all of these criteria:

1. The opening to inspect a sewage system shall be a minimum of 3 feet in diameter or larger, if needed, to allow staff person room to place themselves into the excavation and maneuver as needed to lift and replace inspection ports. Note: Staff may require inspection ports to be physically pulled or replaced in the opening.
2. Adequate means of egress must exist via a sturdy ladder, created stairway, or ramp at no greater than a 45-degree slope. Sidewalls of the excavation and the created stairway and ramp shall be compacted so they are stable and secure.
3. Excavated material MUST be placed a minimum of 2 feet from the edge of the excavation opening.

Excavations exceeding a depth of 4 feet will not be entered unless there is another person present during the inspection or evaluation. Staff will visually evaluate the excavation to insure it appears to be safe for entry. If staff feels uncomfortable entering an excavation for fear of bodily injury, they shall not enter the excavation and inform the homeowner, excavator, or responsible person present of required modifications to meet our minimum criteria for excavation entry.

Application for an Onsite Sewage Treatment / Water Supply System Evaluation or Continued Use of Existing Onsite Sewage Treatment / Water Supply System

(Please print. Complete entire form to avoid a delay in report issuance.)

Onsite Sewage Treatment / Water Supply System will serve / be used for (check one):

- Single Family Dwelling Commercial
 Duplex/Multi-Family Dwelling Other

For Office Use Only

Report #: _____

Property Information:

Parcel / Tax ID #: _____ Lot Size/Dimension: _____
 Street Address: _____ Subdivision & Lot #: _____
 City, State & Zip: _____ City/Village/Township: _____

Issue Report To:

Name: _____ Contact Phone #: _____
 Mailing Address: _____
 City, State & Zip: _____

- Mail Report to above address E-mail Report to: _____
 Call me to pick up the Report Fax Report to: _____

Additional Information:

	Yes	No	
Garbage Disposal?	<input type="checkbox"/>	<input type="checkbox"/>	Number of Bedrooms: _____
Dwelling Occupied?	<input type="checkbox"/>	<input type="checkbox"/>	→ If No, last known date of occupancy? _____
			→ If Yes, what type of treatment device? _____
Water Treatment Device?	<input type="checkbox"/>	<input type="checkbox"/>	
Municipal Sewer Available?	<input type="checkbox"/>	<input type="checkbox"/>	
Municipal Water Available?	<input type="checkbox"/>	<input type="checkbox"/>	Yes No

Does the property contain aboveground or underground gasoline or fuel oil storage tank(s)?
 If tank(s) exist on property, what is the volume (gallons): _____ and location of the tank(s)? _____

Check Services Desired:

- Refer to Fee Schedule for current fees associated with these evaluations. www.kalcounty.com/eh
- Sewage Treatment and Water Supply System Evaluation
 Sewage Treatment System Evaluation Only
 Water Supply System Evaluation Only
 Continued Use Evaluation Only (demolition and / or addition of bedrooms)

The following additional services are also available, if required by the Lending Institution:

- Lead in Drinking Water (Additional Lab Fee Applies)
 Nitrite in Drinking Water (Additional Lab Fee Applies)
 Site Diagram

Note: An inspection fee will be assessed for additional site visits or missed appointments. If resampling of the drinking water is necessary, applicable lab fee(s) will also be assessed. Fees need to be paid prior to the scheduled appointment.

Applicant's Signature: _____ Date: _____

MasterCard, Visa, or Discover Card Payment Request

To pay for Kalamazoo County Environmental Health Services by fax or mail using a credit card, **fully complete** and **SIGN** this form and send it with the application.

Service Requested _____

Address of Property _____

Service Requested by _____

Cardholder's daytime phone number _____

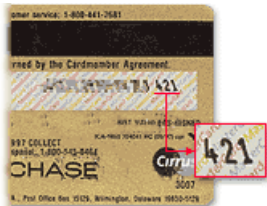
Name of Credit Card Holder as it appears on the credit card:

First Middle Last

Billing Address:

Street Address City & State Zip Code

Credit Card Number:



V-Code: _____ The V-Code is the last three digits on the signature panel.

Expiration Date (Month & Year): ____ / ____ MC ____ Visa ____ Discover ____

Costs for services (Environmental Health Fee Schedule), applications, and instructions are located on the Kalamazoo County website at <http://kalamazoo.com/eh/forminfo.htm>. Costs for services can also be obtained by contacting Environmental Health staff at (269) 373-5210.

Please charge the above credit card for the requested service(s).

Signature of Card Holder: _____ **Date:** _____

Kalamazoo County HCS Environmental Health Fax number and Address: (269) 373-5333

Kalamazoo County HCS EH, P.O. Box 42, Nazareth, Michigan 49074-0042

_____ **The area below is for office use only.** _____

_____ Phone	_____ Fax	_____ Mail	_____ EH Staff Initials	_____ Date
_____ Authorization #	_____ Dollar Amount \$			