Kent County Health Department Environmental Health Division

700 Fuller Ave NE, Grand Rapids, MI 49503



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APPLICATION FOR SANITARY FACILITY/REAL ESTATE EVALUATION

	Please note that the Well & Septic cannot be evaluated independent of one another if both exist on-site. □ Septic & Well Evaluation - \$295 (Includes bacteria and partial chemicals test) □ Well Evaluation (Connected to Sewer) - \$295 (Includes bacteria and basic chemicals test) □ Septic Evaluation (Connected to Municipal Water) - \$250							
Address of Property:	City	y :	Zip:					
Permanent Parcel #: 41	т	ownship:						
☐ Metes & Bounds -	(Site plan required. Survey & house plans Acres division Name:	·	,					
			# of Bedrooms (required)					
* Current or proposed build	ing use No If No, how lon							
		□ Owner same	as applicant					
Applicant/Authorized Age	ent:	Owner:						
Address:		Address:						
City:	_ State: Zip:	City:	State: Zip:					
Phone:		Phone:						
Email:		Email:						
To access property pleas	e contact:	☐ Other:						
Method of Delivery:		Other Contact #	# :					
☐ Email ☐ Call to pick u	up in person							
. Others	r Pro-							
approval. I further acknowledge for coordinating and providing site visit. Persons performing gpersonnel access to your prop may result in a \$75 charge. Approcessing fee applies to all approximate the processing fee applies to all approximate the proce	e that I am the property owner or am acting as an the equipment and operator or other additional to roundbreaking activities on site are required to si erty to mark utilities. Unmarked properties will re	a authorized agent on be esting. All services requesting. All services requesting the services of a secult in delay or postporom the date of applica	d that payment of the application fee does not guarantee chalf of the property owner. I understand I am responsible uire marking by MISS Dig for underground utilities prior to Dig for the marking of the property. Please allow MISS Dignement of service. Failure to show up for an appointment tion or after initiation of any field activities/services. A \$50					
FOR OFFICE USE ONLY	Fee Paid: Rece	eipt #:	Date:					

Current Site Layout

Address:		Township:											
										<u> </u>			
S	ketch of prop	perty. Plea	se includ	le structu	ıres, sept	ic system	s, sewag	e lift pum	ps, wells	, drivewa	ys, and ut	ilities.	
oundation T	ype: 🗆 E	Basemen	t 🗆 Cı	rawl Spa	ace 🗆	Slab	☐ Other	r:					
Does the dw	elling have	footing d	rains?	□ Yes	□ No	□ Ur	known						
Does the pro	perty have	any fuel	storage	tanks?	□ Yes (I	nclude c	n site pl	an) 🗆	No				
oes the bui	_	_	-		Yes	□ No							
oes the dw	-		-			-				No			
Does the dw	-	-	_				asement	:? □ Y	'es (Incl	ude on s	site plan)	□ No	
Does the dwo	-					No 	_						
Does is wate	r and/or sev	wer conn	ected to	any ac	cessory	building	? 🗆 Y	es 🗆	No				