SHIAWASSEE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Surbeck Building 201 N. Shiawassee Street
CORUNNA, MICHIGAN 48817
PHONE: (989) 743-2390  FAX: (989) 743-2413
Web Address: http://health.shiawassee.net

LARRY JOHNSON, R.S., M.S.
Director/Health Officer
DENNIS CHERNIN, M.D., M.P.H.
Medical Director

POINT OF SALE INSPECTION REQUEST

Applicant Name: ____________________________________________
Address: ____________________________________________________
City, State Zip: _______________________________________________
Phone Number: _______________________________________________
Fax Number: _________________________________________________

For EH use only:
☐ New Request  ☐ Renewal Request
Facility I.D. No. ____________________
Date Received: ____________________
Receipt #: _________________________
Amount Paid: ______________________
☐ On-Site Water  ☐ On-Site Sewage

Preliminary Information

Property Address: ______________________________________________
Township: ____________________________Section Number ________ Lot Number ________
Tax/Parcel I.D. Number (Mandatory) _______________________________Parcel Size: __________________________
Present Owner Name: ____________________________ Phone Number: __________________________
Property Owner Address: _________________________________________
Buyer’s Name: ____________________________ Phone Number: __________________________
Buyer’s Address: _____________________________________________
The home has how many bedrooms? ___ Is there a garbage disposal? Yes No Is there a water softener? Yes No Is the home currently occupied? Yes No If no, when was it last occupied? _______________________
Is there a sump pump? Yes No Date of last septic tank pumping: _______________________
Any recent maintenance on the well or septic system? Yes No If yes describe: _______________________

Please sketch the house, well(s), onsite waste disposal system, out building, pools, driveway, a North point and property lines.