

# SHIAWASSEE COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

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### Point of Sale/Transfer Inspection Report

On-Site Water  
 On-Site Sewage

Date Received: \_\_\_\_\_  
 Time: \_\_\_\_\_ Facility I.D. No. \_\_\_\_\_  
(E.H. Use)

**Tax I.D. #:** \_\_\_\_\_

Facility Address	Township	Section #	Lot #
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Inspection Date	Inspector (Print)	Inspector's Signature
Owner's Full Name	Mailing Address	Phone #
Buyer's Full Name	Mailing Address	Phone #
Contact Person/Agent's Name	Mailing Address	Phone #
		Fax #

#### Preliminary Information – Water/Sewage

Weather Conditions: \_\_\_\_\_  Residence  Commercial Municipal: Water  Sewage

Age of Dwelling: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Garbage Disposal:  Yes  No

Currently Occupied:  Yes  No Number of Occupants: \_\_\_\_\_ If No, Date Last Occupied: \_\_\_\_\_

\*E.H. Office Search: **Well:**  Yes Information Available?  Yes Date Installed: \_\_\_\_\_  
**Septic:**  Yes Information Available?  Yes Date Installed: \_\_\_\_\_

Evidence of Sewage Backup to House:  Yes  No Slow Drains:  Yes  No Washing Machine Used:  Yes  No

Water Treatment (Softener/R.O.) To Sewage System:  Yes  No  Air Gapped  Direct Connect  No Softener

Kitchen-Showers/Sinks to Sewage System:  Yes  No Washing Machine to Sewage System:  Yes  No  
(Plumbing)

Tree Roots a Problem:  Yes  No Date of Pumping: \_\_\_\_\_ **\*Pump Record Must be Provided**

Excessive Water Used: (Commercial Activities/High Water Use Hobbies):  Yes  No

Describe Prior Problems/Repair History: \_\_\_\_\_

Well Located:  Yes  No Adequate Pressure:  Yes  No Sampling Location: \_\_\_\_\_

Samples Taken (Attach Results):  Bacti.  NO3  AS  Other **Education Materials Left:**  Yes  No

**Attach drawing including well, septic, out buildings, driveways, trees, ponds, isolation distances etc... Office Search Required**

## Sewage System Inspection

\* Was the OSDS hydraulically loaded:  Yes  No      Time: \_\_\_\_\_      Flow Satisfactory:  Yes  No

Were you able to locate septic tank:  Yes  No      Drainfield:  Yes  No

**Data Source:**  Homeowner     County Records     Pumper Records     Field Measurements

Pump Chamber:  Yes    Pump Operating:  Yes  No    Describe: \_\_\_\_\_

\* Homes vacant more than seven (7) days and only one (1) resident must be hydraulically loaded. **Protocol:** Water must be run through system 20-45 minutes depending on anticipated daily water use. Do not overload septic tank.

### Drainfield Information:

Location Acceptable:  Yes  No     Could Not Locate      **Number of Holes Bored:** \_\_\_\_\_    Probed:  Yes  No

If no,  < 20' To Basement     < 50' To Well     < 10' to Trees     > 30" Deep  
 < 75' Commercial Well

< 100' To County Drain, Lake, Pond, River     < 10' To Property Line

Type of System:  Bed     Trenches     Sand Filter     ATU     Mound     Chamber

# of Trenches: \_\_\_\_\_    Width: \_\_\_\_\_    Length of Trenches: \_\_\_\_\_    Total Ln. Ft.: \_\_\_\_\_

If Bed System: Length \_\_\_\_\_ X Width \_\_\_\_\_    Total Sq. Ft.: \_\_\_\_\_

### Condition of Stone/Drainfield:

- Wet, Clean Stone >50%      Hole(s) #: \_\_\_\_\_
- Dry, Clean Stone >50%      Hole(s) #: \_\_\_\_\_
- Grayish Stone >50%      Hole(s) #: \_\_\_\_\_
- Blackish Stone >50%      Hole(s) #: \_\_\_\_\_
- Lush Grass Grown Over/Near Drainfield
- Surface Discharge
- Sewage Ponding on Drainfield
- Area Subject to Flooding
- Drainfield Under Parking Lot/Driveway
- Tree Roots in Drainfield
- Tile Plugged

### Soil Texture – Drainfield Area:

#### Wet Conditions

- Coarse/Medium Sand      Hole(s) #: \_\_\_\_\_
- Fine Sand/Loamy Sand      Hole(s) #: \_\_\_\_\_
- Sandy Loam      Hole(s) #: \_\_\_\_\_
- Loam/Sandy Clay Loam      Hole(s) #: \_\_\_\_\_
- Clay Loam/Silty Clay Loam      Hole(s) #: \_\_\_\_\_

#### Dry Conditions

- Coarse/Medium Sand      Hole(s) #: \_\_\_\_\_
- Fine Sand/Loamy Sand      Hole(s) #: \_\_\_\_\_
- Sandy Loam      Hole(s) #: \_\_\_\_\_
- Loam/Sandy Clay Loam      Hole(s) #: \_\_\_\_\_
- Clay Loam/Silty Clay Loam      Hole(s) #: \_\_\_\_\_

**Comments/Recommendations:** (attach additional page if necessary)

## Water Supply System Inspection

Drilling Year: \_\_\_\_\_

Well Depth: \_\_\_\_\_ Ft.

Well Log:

Well Depth Verified From:  Well Log  
 Driller  
 Owner  
 County Records

Type of Storage Tank:  Bladder  
 Captive Air  
 Other

Casing:

Steel  Plastic

Diameter:  1.25"  
 2"  
 3"  
 4"  
 5"  
 6"

Termination:  Pitless Adapter  
 Basement Offset  
 Drained Well Pit  
 Dug Well  
 Not Found  
 Un-drained Well Pit

Pumping System:

Type:  Submersible  
 Hand Pump  
 Shallow Well Jet  
 Deep Well Jet

Cycling:  Long  
 Adequate (Ok)  
 Short

Yielded GPM: \_\_\_\_\_ (approx.)  
Yield Test Performed:  Yes  No

Site Condition/Construction:

- Well Head 12" above grade
- Proper Ventilation (Vented Well Cap)
- System Located on subject Property
- Signs of Insect Infestation
- Unprotected Suction Line (Buried Well Head)
- Well Shared with other Premises

- Major Cross-Connection:
- Non-Potable Water Supply
  - Chemical Mixing Tank
  - Sewage System
  - Other \_\_\_\_\_
- Minor Cross-Connections:

Number of **other** wells on property: \_\_\_\_\_  
Purpose:  Not used  Potable/Domestic  
 Livestock  Irrigation

- Yard Hydrant
- Anti-Siphon Ball Cock Assembly
- Softener to Sump/Sewer
- Hose Lying on Ground

Improperly Abandoned Well(s) Found

Minimum Isolation Distances Not Met:

- <50' From Septic Drainfield (<75' Commercial)
- <50' From Discernable Buried Fuel Tank (<1,100 gal.) (<800' Comm.)
- <150' From Hazardous Materials Storage (<800' Commercial)
- <10' From Approved Sewer (<75' Commercial)
- <3' From any Building/Structure
- Other \_\_\_\_\_

- <50' From Septic Tank\*
- <50' From Grinder Pump\*
- <50' From Main Sewer\*
- <50' From other/Unapproved Sewer\*
- In Flood Plain

\* <75' Commercial

**Comments/Recommendations:**

(Attach additional page if necessary)