



GRAND TRAVERSE COUNTY ENVIRONMENTAL HEALTH SITE SURVEY APPLICATION

Requested by: Owner Agent Purchaser Type: Residential Commercial

Site Address: _____ Property Tax ID: _____

City: _____ Zip: _____ Township: _____ Section: _____

Subdivision: _____ Lot(s): _____

Directions: _____

Please note: The Sanitarian reserves the right to request a backhoe be present for difficult sites at the applicant's expense*

Applicant's name: _____ Phone: _____

Mailing address: _____

City: State: Zip: _____

Please send report to: circle one CALL EMAIL FAX MAIL

Email: _____ Phone: _____ Fax: _____

Mail to: _____

Mailing Address: _____

City, State, Zip: _____

To process this request, it must be accompanied by a detailed site plan and correct fee. Please use the back of this form or attach appropriate documentation. Failure to submit all required documentation may delay the process of this fieldwork and report.

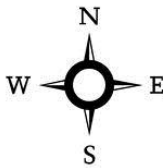
I hereby authorize Grand Traverse County Health Department to evaluate the above described property to determine its suitability for the development plans indicated, and to conduct such tests as may be necessary in order to obtain the information required for this evaluation. I also agree to comply with the Environmental Health Regulations for Grand Traverse County, and with the applicable laws of the State of Michigan.

SIGNATURE (owner or agent) _____ DATE: _____

Please Include the Following:

1. Property lines/dimensions
2. Building locations - proposed and existing
3. Well Locations - proposed and existing
4. Septic tank and drainfield locations - proposed and existing
5. Septic and well locations of neighboring properties (if known)
6. Streets, Roads, Driveways
7. Bodies of water

Please complete a site drawing to the right. If more room is needed, please submit additional pages.



*****OFFICE USE ONLY*****

Soil Conditions:

On-site Sewage Disposal: Suitable Suitable for Alternatives Unsuitable

Reasons/Special Conditions:

Date of Inspection:

Sanitarian Signature:

Receipt Date: _____

Receipt #: _____ Initials: _____

Miss Dig #: _____