

Request for Point of Sale Inspection

Owner Name/Property Address:

Township: _____ Section: _____ Tax I.D. 33- _____

Applicant

Name (If other than owner): _____
(i.e. Realtor, Seller)

Mailing Address (If other than above):

Phone #: _____ Fax #: _____

Systems Inspected:

Onsite Water Supply (Reason not inspected _____)

Onsite Sewage Treatment (Reason not inspected _____)

Year Built: _____ Current Number of Residents: _____

or

Number of Bedrooms: _____ Length Time of Vacancy: _____ months

Note: If home has been vacant for more than six (6) months, a follow-up inspection after three (3) months occupancy and not later than six (6) months occupancy is required.

Date Inspection Scheduled _____ ICHD FILE No _____

ICHD application fee for processing POS Applications	\$ 150.00	_____
On-Site Evaluation of Well & Waste treatment System by ICHD	\$ 300.00	_____
Waste Treatment Inspection by ICHD (excludes pumping fees)	\$ 175.00	_____
Well Inspection by ICHD (includes water samples for bacteria & Partial chemicals)	\$ 125.00	_____
Health Department Follow-up Inspection – Septic Only	\$ 83.00/hr	_____
Health Department Follow-up Inspection – Well Only	\$ 83.00/hr	_____

Amount Paid: \$ _____ Check # _____ VISA/ MC _____

Cash _____ Date Paid: _____ Clerk Initials: _____

Assigned to: _____

5303 S. Cedar Street-PO Box 30161-Lansing, Michigan 48909-ww.ingham.org/hd/health/htm
Phone 517-887-4312 FAX 517-887-4560