

201 N. Shiawassee St., 3rd Floor, Corunna, MI 48817 Phone 989-743-2390 / Fax: 989-743-2413 http://health.shiawassee.net

| POINT OF SALE INSPECTION REQUEST | For EH use only: |
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| | ☐ New Request ☐ Renewal |
| Applicant Name: | Request Facility I.D. |
| Address: | Date Received: |
| City, State Zip: | Receipt #: |
| Phone Number: | Amount Paid: |
| Fax Number: | On-Site Water On-Site Sewage |
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| 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 N | 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 so | eptic 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: |
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