

**VAN BUREN/CASS COUNTY
DISTRICT PUBLIC HEALTH DEPARTMENT**

Van Buren County Office
57418 CR 681, Suite A
Hartford, MI 49057
(269) 621-3143

Director Environmental Health
Michael W. Laufer, R.S.

Cass County Office
201 M-62 North
Cassopolis, MI 49031
(269) 445-5280

**REQUEST FOR PRIVATE WATER SUPPLY AND SEWAGE DISPOSAL INSPECTION AND
EVALUATION**

Evaluation is for a: Duplex Business Single Family Dwelling

Location: House Number: _____ Street or Road: _____

Township: _____ Side of Street: N S E W

Subdivision Name: _____ Lot Number: _____

Name of Owner (Not Realtor or Agent): _____

Owner's Address: _____

City and Zip Code: _____ Telephone: _____

Contact Name to Schedule Appointment: _____ **& Phone Number:** _____

Report Requested By: _____

Mailing Address: _____

City and Zip Code: _____ Telephone: _____

Directions to Property: _____

FAX COMPLETED REPORT TO: _____

Applicants Signature

ACKNOWLEDGEMENT: This survey is provided as a service to residents of Van Buren or Cass County. It is not intended as either an approval or disapproval of the well or the sewage disposal system. The information provided is based upon skilled observations by trained Environmental Health personnel, and is indicative only of the conditions present at the time of the survey. No attempt to draw conclusions has been made. It is expected that the lending institution shall make all appropriate decisions as to suitability. Records relating to the property surveyed are available upon request. Since many factors contribute to the functioning of a water supply or sewage disposal system, any change in circumstances may affect its continued function.

I ACKNOWLEDGE AND AGREE that Van Buren or Cass County, its departments, Boards, officers, agents and employees, including without limitations, the Van Buren County or the Cass County Health Department, are not responsible for any loss allegedly due to any act or omission in connection with the performance of the survey or surveys requested herein:

Date: _____ **Seller:** _____

Date: _____ **Purchaser:** _____

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Fees Payable to VBCHD:

For Department Use

Receipt Number: _____ Date Request Received: _____ HL Number: _____

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