

SITE VISIT REQUEST

For evaluating on-site system for homes with proposed remodeling and/or additions.

OTTAWA COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
12251 JAMES STREET, STE. 200
HOLLAND, MI 49424
TELEPHONE 616-393-5645 FAX 616-393-5643

PLEASE COMPLETE THIS FORM, ENCLOSE REQUIRED FEE, AND RETURN IT TO THE ABOVE ADDRESS.
FORM WILL NOT BE PROCESSED UNLESS COMPLETED, SIGNED AND RETURNED WITH FEE.

SITE VISIT \$115.00

For office use only

Date Rec'd _____

Check# or Credit Card _____

Receipt # _____

Site Location

Submit Report To

Property Tax Parcel #70-____-____-____-____

Name _____

Name _____

Address _____

Address _____

City _____ State _____

City _____ Township _____

Zip _____ Telephone _____

Telephone _____

E-Mail Address _____

** SEPTIC SYSTEMS ARE NOT ALLOWED WHEN MUNICIPAL SEWER IS WITHIN 200' OF BUILDING SITE. **

Garbage Disposal proposed: ____ Yes ____ No

Indoor Whirlpool/Hot Tub: ____ Yes ____ No

_____ sq. ft. Basement, # of Bedrooms _____

_____ sq. ft. 1st Floor, # of Bedrooms _____

_____ sq. ft. 2nd Floor, # of Bedrooms _____

Please indicate what plumbing will be roughed in/already exists
in the basement:

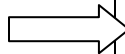
_____ Washer _____ Laundry Tub

_____ Shower Unit _____ Sink _____ Toilet

_____ Sump Pit _____ None

Other: _____

REQUIRED SITE SKETCH



- House, Well, Public Water Line, Septic Tank, Drainage Area
- Streets, Other Sources of Contamination (i.e. gasoline/fuel oil tanks)

Applicant's Signature

Date