Public Health Delta & Menominee Counties
Request for Write-off Evaluation of Existing Sewage System

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Escanaba, Michigan 49829
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Menominee, Michigan 49858
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www.phdm.org

OWNER INFORMATION
Name / Applicant ____________________________ Phone # __________________
Mailing Address ____________________________ City __________ State ______ Zip __

PROPERTY DESCRIPTION
Township __________________ Town ______ N Range ______ W Section ______ 1/4 1/4 1/4
Tax ID # __________________________ Subdivision __________________________ Lot # __________________________
Property Address __________________________

Driving Directions (from nearest intersection) ______________________________________________________

INFORMATION ON EXISTING SYSTEM
Original Permit Holder __________________________ Year Septic Installed __________
Date of Last Tank Pumping __________ Number of Bedrooms Now ______ Projected Number of Bedrooms ______

APPLICANT INFORMATION
Signature __________________________ Date __________ Phone __________
Mailing Address __________________________ City __________ State ______ Zip ______

**PHDM USE ONLY**
Observations ____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Site Sketch

By issuing this write-off Public Health Delta & Menominee Counties does not warrant or guarantee the existing sewage system for future use. Public Health is not responsible should the sewage system fail to provide continued services for its intended purpose.

Sewage System Write-off Granted: _____ YES _____ NO
 _____ UNABLE TO DETERMINE _____ SEE OBSERVATIONS

Inspected by __________________________ Date __________

Date ______ Fee Paid $______ □ Cash □ CC □ Check # ________ Receipt # ________ Initials _______ phdm:5/19-[282-5]