



West Bloomfield Township
4550 Walnut Lake Road
P.O. Box 250130
West Bloomfield, MI 48325-0130
Phone: 248-451-4824

REPORT OF DISPOSAL SYSTEM TRANSFER EVALUATION

This report is to only be completed by Evaluators registered with Wayne or Washtenaw County's Department of Public Health.

Sidwell #	Name of Applicant:
Property Address:	Address:
City/State/Zip:	City/State/Zip:
Lot #:	Telephone:
Subdivision:	
Property Owner and address (if different):	

Date of Evaluation: _____

SITE/STRUCTURE:

- Residential
 Commercial
 Industrial
 Other

YES	NO	OBSERVED CONDITIONS: CHECK YES OR NO FOR EACH ITEM
		County OSDS Permit. If Yes, Permit No.: _____ Date Approved: _____
		Private Water Supply (Well)
		Clothes Washer Discharge to OSDS. If No, Where?
		Water Softener Discharge to OSDS. If No, Where?
		Sump Pump received graywater or sewage
		Sump Pump discharges to OSDS
		Evidence of Sewage Bypassing OSDS
		Evidence of Sewage Backup into Structure
		Sanitary Sewer Within 200 Feet of Structure

Comments or other site/structure information: _____

NOTES:

1. Beginning June 27, 2002, in accordance with West Bloomfield Ordinance No. C-621-B, an on-site sewage disposal system evaluation is required in West Bloomfield Township.
2. The Report of Transfer Evaluation shall be valid for one (1) year from the date of the evaluation.
3. A Report of Transfer Evaluation shall be submitted within ten (10) days of the evaluation and at least five (5) business days prior to the scheduled closing of the sale or transfer.

SEPTIC TANKS:

Number of Septic Tank(s): _____ Total Volume _____ gallons

Does OSDS contain a dosing or siphon chamber? Yes No

If present, is the pumping system functioning? Yes No

YES	NO	OBSERVED CONDITIONS: CHECK YES OR NO FOR EACH ITEM
		Backflow Occurred at Pumpout
		Condition of Outlet Device Acceptable
		Evidence of Tank Leaks
		Failure of Tank Structure
		Liquid Above Invert of Tank Outlet
		Sewage from Structure Bypasses Tank
		Part of all of Tank Under Pavement, Structure or Vehicle Parking

Comments or other septic tank information: _____

ABSORPTION SYSTEM: _____

Type: Bed Elevated Deep Cut Trench Other (Specify)

Approximate Size of Absorption System _____ Sq. Ft. Approximate Lineal Feet of Drain Lines _____

YES	NO	OBSERVED CONDITIONS: CHECK YES OR NO FOR EACH ITEM
		Exposed Effluent at Ground Surface
		Liquid Standing in Drainfield Stone
		Effluent Discharging to a Watercourse, Surface Drain or Storm Sewer

Comments or other absorption system information: _____

YES	NO	POTENTIAL FAILURE CONDITIONS: CHECK YES OR NO FOR EACH ITEM
		Heavy vegetative growth over or near absorption system
		Presence of structures or parking surfaces or pavement over portions of disposal system
		Possibility of site drainage inundating the disposal system
		Other indicators of possible disposal system failure; if yes, explain below

Comments or other potential failure information. (Recommendation to prevent premature failure must be provided. See attached Recommendation Sheet) _____

SKETCH: Property Address: _____

Sidwell #: _____

Show location of septic tank and absorption system, structures, street, driveway, well by (X), and any surface water.

N

DISPOSITION OF THE OSDS:

Non-Failure

Failure

This report is based upon conditions observed at time of the evaluation.

I, _____, being a Wayne or Washtenaw County Registered Evaluator evaluated the on-site sewage disposal system that serves the parcel/structure referenced in this report. I certify that this evaluation was done within the guidelines established by the Wayne or Washtenaw County Environmental Health Division, as required by West Bloomfield Township, and was completed in a thorough and complete manner. Further, I certify that this report includes all knowledge that I have concerning the operation and function of said system.

Registered Evaluator's Signature: _____

Evaluator's Name (Type/Print): _____

Wayne or Washtenaw County Registration Number: _____

Date of this Evaluation Report: _____

Evaluation Materials Provided

EVALUATOR RECOMMENDATIONS

Based on my evaluation made on _____, the following recommendations are made to prevent pre-mature failure on the on-site sewage disposal system located at _____

- Locate septic tank
 - Pump septic tank every _____ years
 - Mow lawn over the on-site sewage absorption system
 - Install water saving devices (to reduce water usage)
 - Relocate downspout discharges away from the septic field
 - Divert surface drainage away from on-site absorption system
 - Avoid disposal of household chemicals into septic tank
 - Provide lint screen on laundry discharge hose
 - Eliminate sump pump water from entering to the septic tank
 - Provide effluent filter device on septic tank outlet
 - Repair leaking plumbing fixtures. Specifically: _____
 - Check with health department about any needed repair
 - Remove water softener discharge from disposal system
 - Do not drive or park vehicles on OSDS
 - Provide a riser on septic tank
 - Avoid flushing solid materials into system
(Such as coffee grounds, cigarette butts, paper towels, condoms, tampons, etc.)
 - Limit use of your garbage disposal
 - Connect home to available sanitary sewer
 - Other Comments: _____
-

Evaluated by: _____ Septic Tank Pumped By: _____
Company: _____ Company: _____
Date: _____ Date: _____