

PLANNING & DEVELOPMENT SERVICES

4550 Walnut Lake Road
 West Bloomfield, MI 48323
 P. (248) 451-4818
 F. (248) 451-4871
 wbtownship.org



**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.

APPLICANT		
Name	Email	
Address	Phone	Cell Phone
City	State	Zip Code
PROPERTY INFORMATION		
Sidwell Number	Lot Number	
Property Address		
City	State	Zip Code
Subdivision		
Property Owner & Address (if different than above)		
DATE OF EVALUATION: _____		
SITE/STRUCTURE		
Check one: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		If present, is the pumping system functioning? <input type="checkbox"/> Yes <input type="checkbox"/> 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		
Check one: <input type="checkbox"/> Bed <input type="checkbox"/> Elevated <input type="checkbox"/> Deep Cut <input type="checkbox"/> Trench <input type="checkbox"/> Other (Please 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#	
City	State	Zip Code

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



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

EVALUATORS 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:

Property Address

- 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: _____

Company: _____

Date: _____

Septic Tank Pumped By: _____

Company: _____

Date: _____