

PROPERTY TRANSFER EVALUATION REPORT

Property Information

Evaluation Date 6-29-23 MCHD Control Number
Property Owner Joshua Harkins Rebecca Harkins
Property Address 7629 W Pearson Shelby Twp MI 48316
Civil Division Shelby Twp. Zip Code 48316
Telephone No. 584-242-9441 Occupied Vacant
Parcel ID No. 23-07-04-227-006
Property Owner Address (if different from above)

Property Owner Email joshua.p.harkins@gmail.com
Realtor Email

This property is served by an: On-Site Sewage Disposal System OR Municipal Sewer
On-Site Water Supply OR Municipal Water

OCCUPANCY
I, Rebecca Harkins the owner of the above property, certify that:
The above referenced property is occupied. The property is used as a full-time residence with furnishings and people living in the home.
The home is vacant. The home has been vacant for days
Homeowner Signature Rebecca Harkins Date 6/29/2023

CERTIFICATION
I, Lowell Cameron, being a properly registered and certified Property Transfer Evaluator in Macomb County, do hereby certify that I inspected the:
On-Site Sewage Disposal System On-Site Water Supply System
that serves the above referenced property. I certify that this evaluation fulfills the requirements of the REGULATIONS GOVERNING ON-SITE SEWAGE DISPOSAL AND ON-SITE WATER SUPPLY SYSTEM EVALUATION AND MAINTENANCE IN MACOMB COUNTY, MICHIGAN.
This report contains all knowledge I have concerning the operation and functioning of said system(s).
Lowell Cameron Signature Date 6/29/23
Registration Number 02-01048

# MACOMB COUNTY HEALTH DEPARTMENT

## Environmental Health Services Division Property Transfer Evaluation



### ON-SITE SEWAGE DISPOSAL SYSTEM

#### Property Information

Street Address: 7629 W. Pearson Rd. Number of Bedrooms: 2  
Civil Division: Shelby Twp. Number of Occupants: 3

Is sanitary sewer available?  Yes  No

1. Record of installation?  Yes  No

2. Date of installation: 9-8-88 3. Permit Number: Affidavit

4. System location:  Front  Rear  Side  N  S  E  W

5. Type of System:  Conventional  Engineered Alternative

6. Repair permit(s) issued?  Yes  No If "Yes", permit no(s): \_\_\_\_\_

7. Modification made to the system?  Yes  No If "Yes", describe: \_\_\_\_\_

#### Septic Tank

1. Number of Tanks: ONE 2. Does the tank have a filter?  Yes  No

3. Size of Tank (s): 1250 gallon dc Location: Back yard

4. Date Pumped: 6/30/23 Pumper/hauler: Rattee Septic

5. Structurally Sound?  Yes  No

6. Water level relative to invert of outlet:  Above  Even With  Below

7. Backflow from field to tank when pumped?  Yes  No

8. Outlet Device:  Sanitary L  Sanitary T  Precast  Assembled  None

In sound condition?  Yes  No Properly installed?  Yes  No

9. Landscaping or structures over tank?  Yes  No

If "Yes", describe:

\_\_\_\_\_

\_\_\_\_\_

10. Depth from ground surface to lid: 6-12 inches

11. Isolation Distances from: Water Lines 30'(+) Well(s) N/A  
Any surface water N/A Basement/Building Foundation 6'

12. D Box?  Yes  No If "Yes", is it functioning properly?  Yes  No

13. Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

## Drainfield

1. Location: Back yard
2. Landscaping or structures over the drainfield?  Yes  No  
If "Yes", describe: \_\_\_\_\_
3. Is the drainfield adequately sized for its current use?  Yes  No
4. Effluent in trench?  Yes  No Effluent at or above tile invert?  Yes  No  
If "Yes" to question 4, is there water outside the field and at what depth?  
Include on site drawing. (Only in Boring #2)
5. Effluent on ground surface?  Yes  No 6. Is there a surface discharge?  Yes  No
7. Isolation Distances:  
From Well (s) N/A From water lines 30' (+)  
From any surface water N/A From basement/building foundation 5'
8. Depth of cover over drainfield: \_\_\_\_\_
9. Additional Comments: \_\_\_\_\_

## House/Building Plumbing

1. House/building is located on a:  Basement  Crawl Space  Slab
2. Laundry wastewater discharges to:  
 Septic System  Sump  Floor Drain  Other: \_\_\_\_\_
3. Basement toilets, showers and sinks (mop/laundry, bar, etc.) discharge to:  
 Septic System  Sump  Other: \_\_\_\_\_  N/A
4. All other wastewater discharges to:  
 Septic System  Sump  Surface  Ditch  Other: \_\_\_\_\_
5. Sump discharges to:  Septic System  Surface  Ditch  N/A  
 Other: \_\_\_\_\_
6. Water softener discharges to:  Septic System  Sump  N/A  Other: \_\_\_\_\_
7. Are there leaking faucets or water valves?  Yes  No
8. Additional Comments: \_\_\_\_\_

**WELLS**

- 1. Are there any wells currently being used?  Yes  No  
If "Yes",  Irrigation  Other \_\_\_\_\_
- 2. Any abandoned wells on the property?  Yes  No  Unknown

**Pump Systems**

Check Box if not applicable

- 1. Installation Date: \_\_\_\_\_ Number of Pumps: \_\_\_\_\_
- 2. If dual pumps, do they alternate?  Yes  No
- 3. Required Dose: \_\_\_\_\_ (From Records) Actual Dose: \_\_\_\_\_ (Measured)  
Drawdown: \_\_\_\_\_ (Measured)
- 4. Do the audio and visual alarms function properly?  Yes  No  
Does the visual alarm remain on when the audible alarm is silenced?  Yes  No
- 5. Have repairs been made since the original installation?  Yes  No  Unknown  
If "Yes", provide dates and details of repairs:  
\_\_\_\_\_  
\_\_\_\_\_

- 6. Has (have) the original pump(s) been replaced?  Yes  No  Unknown  
If "Yes", provide the manufacturer and model no. of the replacement pump(s):  
Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_
- 7. Are check valves, gate valves and unions properly installed?  Yes  No
- 8. Are there any obvious electrical hazards?  Yes  No  
If "Yes", describe:  
\_\_\_\_\_  
\_\_\_\_\_

- 9. Junction box location: \_\_\_\_\_ If inside the tank, is it explosion proof?  Yes  No

**Educational Materials Provided to Owner:**

- Yes  Macomb County pamphlet  Other: A GUIDE TO YOUR SEPTIC SYSTEM  No  
(SCCHD)

**Evaluators Comments:**

The Macomb County Health Department will make the final determination for approval.

Lowell Cameron  
Evaluator (Print Name)

Lowell Cameron  
Evaluator Signature

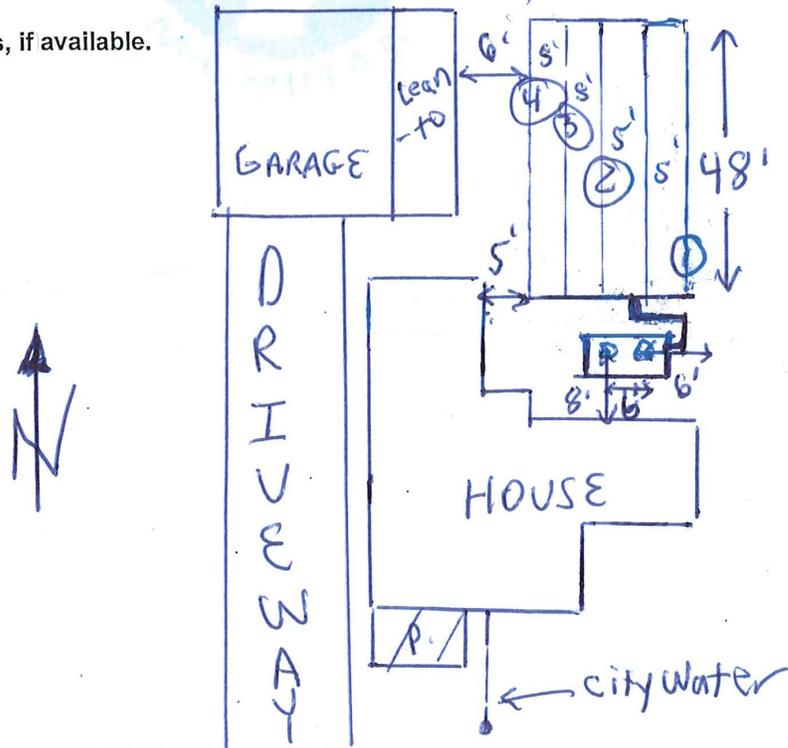
Registration Number: 02-010WS

Date Evaluation Completed: 6/29/23

# SITE DRAWING

Must include: at a minimum 4 bore hole locations; all measurements; landscaping and natural features; well(s) if applicable; water lines.

Please attach pictures, if available.



WEST PEARSON RD

Please fill out the bore hole profiles below. Include depth to stone, pipe and water/effluent (if applicable), condition of stone and any other relevant information.

Bore Hole #1	Bore Hole #2	Bore Hole #3	Bore Hole #4
Condition of Stone: <u>CLEAN</u> <u>+ DRY</u>	Condition of Stone: <u>CLEAN w/</u> <u>H2O in bottom</u> <u>4 inches of</u> <u>stone</u>	Condition of Stone: <u>CLEAN</u> <u>+ DRY</u>	Condition of Stone: <u>CLEAN</u> <u>+ DRY</u>

( 24" TRENCHES )