

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

Realtor Email

joshua.p.harkins@gmail.com

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 Date 6/29/23
Signature

Registration Number 02-01045

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

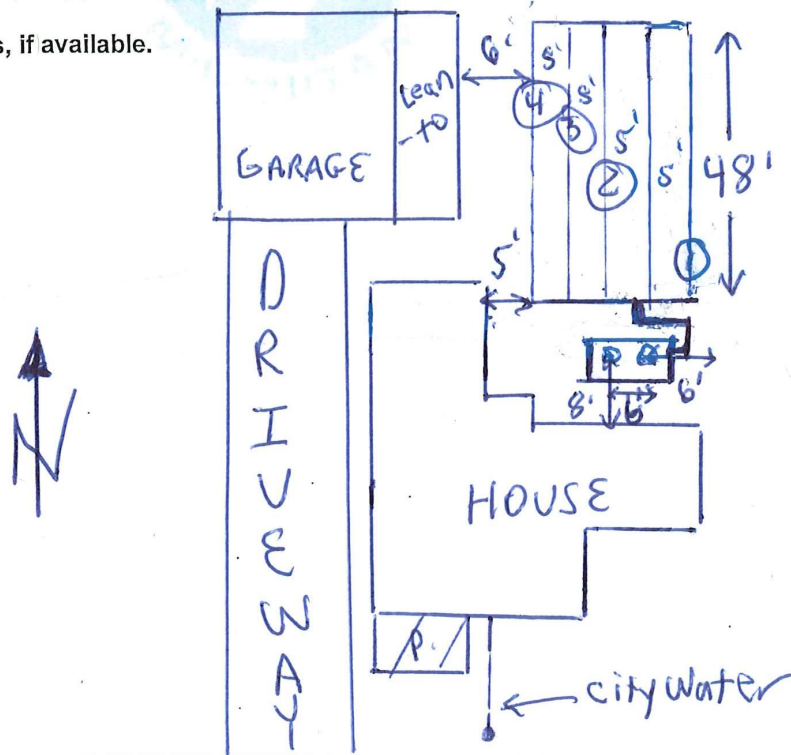
Date Evaluation Completed:

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)