

SEWAGE DISPOSAL EVALUATION
PERMISSION TO ENTER PROPERTY

This is a request for the Calhoun County Public Health Department to evaluate the soil conditions on my property at:

ADDRESS/LOCATION: _____

TOWNSHIP: _____

I authorize the health department to conduct a soil boring(s) on my property, to collect and keep soil samples as needed, photograph or videotape soil borings and location of the property. I am aware that the health department requires a backhoe cut(s) on my property at the time of the site evaluation appointment. I understand that it may be necessary for the health department to return to my property to do additional soil borings and/or take photographs or videotape of the area.

SIGNATURE OF OWNER

Mailing address of owner:

Address _____

City, State, Zip _____

Phone _____

DATE

THIS FORM MUST BE COMPLETED AND PROVIDED TO THE HEALTH DEPARTMENT PRIOR TO SCHEDULING AN APPOINTMENT.