



## Well – Water Quality – Sewage Treatment Miscellaneous Fees

- Incomplete applications will not be accepted.
- Payment and signature on this form is required at the time of request.
- Fees are subject to annual changes. These fees are valid through January 2027.
- Please allow a minimum of 15 business days from the date of receipt for the final report.

<input type="checkbox"/> Additional site visit: \$60			
Water samples:			
<input type="checkbox"/> Bacteria \$16	<input type="checkbox"/> Partial Chemical \$20	<input type="checkbox"/> Lead \$15	<input type="checkbox"/> VOC \$65
<input type="checkbox"/> Cyanide \$20	<input type="checkbox"/> Copper \$15	<input type="checkbox"/> Lead/Copper \$26	<input type="checkbox"/> Arsenic \$15
<input type="checkbox"/> Complete Metals – Private \$94		<input type="checkbox"/> Nitrate/Nitrite \$20	
<input type="checkbox"/> Complete Metals – Public \$104		<input type="checkbox"/> Other _____	

Property Address:	Township/City:
Owner’s Name:	Owner’s Phone:
<b>Requestor’s Name/Business Name:</b>	
<b>Address:</b>	<b>City/Zip:</b>
<b>Email:</b>	<b>Phone:</b>
For access and/or questions contact (name/phone):	
<b><i>Water sample results will be issued only to the requestor.</i></b>	
How do you want to receive your lab report? ( <u>only check ONE</u> ) <input type="checkbox"/> Email <input type="checkbox"/> US Mail <input type="checkbox"/> Pick up <i>If more than one method of delivery is checked or none are checked – the report will be sent US Mail.</i>	

Return payment and completed *Miscellaneous Fees form* to:

***Mailing Address:***

Public Health – Muskegon County  
 1903 Marquette Ave, Suite S101  
 Muskegon, MI 49442

***Physical Address:***

Public Health – Muskegon County  
 1903 Marquette Avenue – Door 23  
 Muskegon, MI 49442

***By signing this form, I hereby certify that all of the information provided by me on this form is true to the best of my knowledge and I have read and understand the application instructions. I also understand that there will be a fee for any returned checks as well as a processing fee for any evaluation cancelations.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Disclaimer Statement: Muskegon County, its departments, boards, offices, agents, and employees, including, without limitation, Public Health-Muskegon County, are not responsible for any loss allegedly due to any act in connection with the service requested. Requesting parties should be aware that a sewage disposal system evaluation requires perforations up to 9 feet into the ground. Buried structures in the area to be evaluated including but not limited to buried water and irrigation lines, gas, and electric utilities should be visibly identified at the site. While recommended, there is no regulation mandating health department approval of the system(s) when a property is sold.

Date Received	Received By	Amount Paid/Check #	Receipt #
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