



**LOCAL HEALTH DEPARTMENT QUARTERLY REPORT**

**ONSITE WASTEWATER PROGRAM  
 RESIDENTIAL INFORMATION**

The following data shall be reported to the Michigan Department of Environment, Great Lakes, and Energy (EGLE), Drinking Water and Environmental Health Division (DWEHD), by local health departments on a quarterly basis, within 15 days of the end of each quarter within the fiscal year. In order to receive payment, this data must be reported.

|                                  |  |                          |  |
|----------------------------------|--|--------------------------|--|
| <b>Agency:</b>                   |  | <b>Reporting Period:</b> |  |
| <b>Person Submitting Report:</b> |  |                          |  |

|   | 1st | 2nd | 3rd | 4th |
|---|-----|-----|-----|-----|
| <b>Number of Parcels Evaluated</b>                                      |     |     |     |     |
| <b>Number of Onsite Sewage Treatment Permits Issued</b>                 |     |     |     |     |
| <b>Number of Alternative or Engineered System Plans Approved</b>        |     |     |     |     |
| <b>Number of Appeals Processed</b>                                      |     |     |     |     |
| <b>Number of Inspections Conducted during and/or after Construction</b> |     |     |     |     |
| <b>Number of Failed System Evaluations Conducted</b>                    |     |     |     |     |
| <b>Number of Complaints Received</b>                                    |     |     |     |     |
| <b>Number of Complaints Investigated</b>                                |     |     |     |     |

1st Quarter = October/November/December  
 2nd Quarter = January/February/March

3rd Quarter = April/May/June  
 4th Quarter = July/August/September

Please return completed report to Mr. Matt Rockhold by email at [RockholdM@Michigan.gov](mailto:RockholdM@Michigan.gov); or by fax to 517-241-1328; or by mail to Mr. Matt Rockhold, EGLE, DWEHD, Onsite Wastewater Program, P.O. Box 30817, Lansing, Michigan 48909-8311.