

Health Department of Northwest Michigan

Environmental Health Application

Septic & Well Permits/Evaluations	Miscellaneous	For Department Use
<input type="checkbox"/> Residential Septic (New) <input type="checkbox"/> Well (Single Family Residence) <input type="checkbox"/> Residential Septic (Repair) <input type="checkbox"/> Type I Public Well <input type="checkbox"/> Commercial Septic (New) <input type="checkbox"/> Type II Public Well <input type="checkbox"/> Commercial Septic (Repair) <input type="checkbox"/> Type III Public Well <input type="checkbox"/> Existing System (Residential) <input type="checkbox"/> Type II Conversion Permit <input type="checkbox"/> Existing System (Commercial) <input type="checkbox"/> Irrigation Well <input type="checkbox"/> Existing System w/Type II <input type="checkbox"/> Permit Transfer (Emmet Only)	<input type="checkbox"/> Land Evaluation (Residential) <input type="checkbox"/> Land Evaluation (Commercial) <input type="checkbox"/> Mortgage Evaluation <input type="checkbox"/> Preliminary Sub/Condo <input type="checkbox"/> Body Art Facility <input type="checkbox"/> Radon Kit (Charcoal) <input type="checkbox"/> Radon Kit (Alpha) <input type="checkbox"/> Water Sample Collection	Fee _____ Application # _____ Computer ID # _____ Radon Kit # _____

A	Owner	Location of Property to be Evaluated	
GENERAL INFORMATION	Owner Name	Property Tax ID # (MANDATORY)	
	Facility Name (if applicable)	Address of Property	
	Address	City	
	City	State	
	Telephone #	Zip	
	Send Permit/Report to: (if other than above)		County
	Name	Are the test holes dug?	Township
	Address	If no, date ready:	Section #
	City	Waterfront Property?	Subdivision
	Telephone #	What body of water?	Lot #
	City	Size of Parcel	
	State	Year parcel created?	
	Zip	Intended Development/Use	

B	All Septic and Well Permit Applicants	Residential Applicants
WELL & SEPTIC PERMIT INFORMATION	New or existing building? <input type="checkbox"/> New <input type="checkbox"/> Existing	Number of Bedrooms <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
	Elevated system? <input type="checkbox"/> Yes <input type="checkbox"/> No Plans submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Commercial Applicants
	Is this permit to replace a failed septic system? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Facility/Use: _____
	Age of failed system: _____ years.	Maximum # of people per day: _____
	Name of Septic Installer: _____	Engineering Plans attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is this permit to replace a failed well? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type II DEQ Application submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Well Driller: _____	Fixture Count Sheet submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
		WSSN # _____

C	EXISTING SYSTEM OR MORTGAGE EVALUATION	# of Bedrooms: Current _____ Proposed (Total at completion) _____
EXISTING SYSTEM OR MORTGAGE EVALUATION	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial, type: _____	Is property: <input type="checkbox"/> Occupied <input type="checkbox"/> Vacant
	Septic Tank Size: _____ gallons	Date last occupied: _____
	Septic Drainfield Size: _____	Occupant's Name: _____
	Date tank last pumped _____	Occupant's Phone #: _____
	Original Permit # _____ Year Installed: _____	Mortgage Evaluation for: <input type="checkbox"/> Federal Housing Administration
	Property Owner at time of septic installation: _____	<input type="checkbox"/> Farmer's Home Administration
	Type of Existing Water Supply: <input type="checkbox"/> Municipal <input type="checkbox"/> Private	<input type="checkbox"/> VA
	Original Permit #: _____ Year drilled: _____	<input type="checkbox"/> Other _____
	Property Owner at time of Well Installation: _____	

This department requires that the owner or his/her representative draw a site plan and directions to the property described above. Please use the back of this form and attach the appropriate documentation. Failure to draw a site plan, or provide adequate directions to the property may delay the process of this permit/report.

Since many interrelating factors contribute to the failure of a sewage disposal system, approval cannot be considered a guarantee by Health Department of Northwest Michigan that successful operation is assured.

I hereby authorize Health Department of Northwest Michigan to evaluate the above described property to determine its suitability for the development plans indicated, and to conduct such tests as may be necessary in order to obtain information required for this evaluation. I also agree to comply with the requirements of the Sanitary code for the county, and with the applicable laws of the State of Michigan.

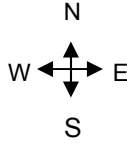
Signature of Owner or Agent _____ Phone #: _____ Date _____

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Directions to site: (include name of nearest crossroad/landmarks/neighboring house number)_____

INCLUDE ON SKETCH:

1. Property Lines/Dimensions
2. Location of any buildings – include distance to roads/landmarks
3. Well locations - (proposed and/or existing) & distance to Septic/Drain Field
4. Neighboring Well/Septic System Location
5. Septic Tank & Drainfield location(s) - proposed and/or existing
6. Location(s) of Streets/Roads
7. Location(s) of Body(s) of water
8. Location(s) of underground and above ground fuel storage tanks
9. Test Hole Locations
10. Indicate proposed additions/changes to existing buildings for remodeling
11. Attach existing and proposed floor plans for remodeling.
12. Location of Utilities; i.e. Electric, Gas, Phone



**PLEASE COMPLETE A SITE
PLAN SKETCH BELOW**



Attach copy of (8 1/2" x 11") Property Survey

Office Locations

Antrim
209 Portage Dr.
Bellaire, MI 49615
231 533 8670
Fax 231 533 8450

Charlevoix
220 W. Garfield
Charlevoix, MI 49720
231 547 6523
Fax 231 547 6238

Emmet
3434 Harbor-Petoskey Rd., Suite A
Harbor Springs, MI 49740
231 347 6014
Fax 231 347 2861

Otsego
95 Livingston Blvd.
Gaylord, MI 49735
989 732 1794
Fax 989 732 3285

FOR HEALTH DEPARTMENT USE ONLY:

Date Received: _____ Amount Received: _____ Cash: _____ Check: _____ CC # _____

Receipt #: _____ Pending, Reason: _____ Denied Approved

Sanitarian's Signature: _____ Date of Inspection: _____