

**MID-MICHIGAN DISTRICT HEALTH DEPARTMENT
PERMIT APPLICATION**

Sewage Disposal System

Water Supply

(Road/Street Address with City) (Township) (Section #)

(Property Tax ID #) (Property Dimensions)

(Subdivision/Lake) (Lot #)

RESIDENTIAL

NON-RESIDENTIAL

New Construction _____
Replacement _____ Tank Only _____

New Construction _____
Replacement _____

Single Family _____ Multi-family _____
Number of Bedrooms _____ Number of Occupants _____

Large Quantity Withdrawal Well _____
Geothermal/Heat Exchange Well _____

Garbage Disposal Y / N Basement Sink or Toilet Y / N
Sewage Ejector Y / N Existing Well To Be Abandoned Y / N

Building Use _____
Total Daily Flow _____ GPD

Existing Fuel Tanks On Property Y / N Shared Well Y / N
Water Softener and/or Treatment Y / N Geothermal Well On-site Y / N

Number of Employees _____
Pumping Capacity _____ GPM

Municipal Water and/or Sewer Available (circle if available)

Commercial Checklist Completed Y / N
Municipal Water and or Sewer Available (circle)

Land Owner's Name Street City Zip Telephone

Applicant's Name Mailing Address City Zip Telephone

Email Address

SIGNATURE: **X** _____ DATE: _____

N

SKETCH: Please draw a sketch of the proposed site plan. Please show buildings, driveways, lot lines, wells, sewage systems, surface waters, ditches/drains, and neighbor's wells and sewage systems if applicable. Please show distances from two lot lines to any proposed structure. Please show two lot line lengths. Please indicate North on your drawing. Your sketch is very important.

This is an application for a permit only. This application is not a permit or a guarantee that a permit will be issued. Each application is evaluated on a case-by-case basis. It is the owner/applicant's responsibility to contact MISS DIG (1-800-482-7171) to mark the property prior to the Mid-MI District Health Department entering the property listed above. By signing, the applicant does acknowledge and grant the MMDHD right of entry to the property listed to perform their duties listed within the Environmental Health Regulations.

ADDITIONAL COMMENTS: _____

PERMITS EXPIRE TWO YEARS FROM DATE OF ISSUE