

**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 \_\_\_\_\_

Large Quantity Withdrawal Well \_\_\_\_\_

Geothermal/Heat Exchange Well \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Number of Occupants \_\_\_\_\_

Building Use \_\_\_\_\_

Garbage Disposal Y / N Basement Sink or Toilet Y / N

Total Daily Flow \_\_\_\_\_ GPD

Sewage Ejector Y / N Existing Well To Be Abandoned Y / N

Number of Employees \_\_\_\_\_

Existing Fuel Tanks On Property Y / N Shared Well Y / N

Pumping Capacity \_\_\_\_\_ GPM

Water Softener and/or Treatment Y / N Geothermal Well On-site Y / N

Commercial Checklist Completed Y / N

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

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**