

**MID-MICHIGAN DISTRICT HEALTH DEPARTMENT  
EXISTING SITE EVALUATION APPLICATION**

Name _____	Road/ Street Address _____	Township _____	Section # _____
Property Tax ID# _____		Property Dimensions _____	
Subdivision _____	Lot # _____	Driving Directions to Property _____	
<input type="checkbox"/> <b><u>RESIDENTIAL</u></b>		<input type="checkbox"/> <b><u>COMMERCIAL</u></b>	
Single Family _____ Multi-family _____ Mobile Home _____		Building Use _____	
Number of Bedrooms _____ Number of Occupants _____		Total Daily Flow _____ GPD	
Garbage Disposal Y / N    Basement sink or toilet Y / N		Number of Employees _____	
Sewage Ejector Y / N    Existing Well(s) Abandoned Y / N		Garbage Disposal Y / N	
Existing Fuel Tanks On Property Y / N    Shared Well Y / N			
Description of proposed addition to or alteration to or construction, demolition, relocation or removal of structure: Please be as specific as possible, including dimensions, type of living space or structure, etc. _____ _____			
SEWAGE SYSTEM INFORMATION		WATER SUPPLY INFORMATION	
Permit # _____		Permit # _____	
Tank Size _____		Driller _____	
Drained Size _____		Distance From Well To Septic _____	
Date Installed _____		Date Installed _____	
(Mailing Address) _____	(City) _____	(State) _____	(Zip) _____
(Phone Number) _____			
(email address) _____			
SIGNATURE: X _____		DATE: _____	
* By signing the applicant acknowledges and grants the Mid-Michigan District Health Department right of entry to above property to perform duties listed within the Environmental Health Regulations. Applicant must call MISS DIG prior to MMDHD entering the property listed above.			

Prior to issuance of the MMDHD waiver, the following check list must be completed. **Section A must be completed by applicant.** Sections B through D, answer appropriately what is applicable to your addition request. More than one Section may apply to your specific project.

**Section A**

- |    |     |     |   |
|----|-----|-----|---|
|    | Yes | No  |   |
| 1. | ___ | ___ | Septic tank(s) and/or pump chamber will be accessible   |
| 2. | ___ | ___ | Well head will be directly accessible   |
| 3. | ___ | ___ | Well is 4" or 5" in diameter and projects at least 12" above grade                                |
| 4. | ___ | ___ | Well 50' from all septic tanks, drainfields, pump and/or ejector chambers (including neighboring) |
| 5. | ___ | ___ | Septic tank, drainfield, and/or pump chamber are 50' from all wells (including neighboring)       |

**Section B Removal or demolition of existing structures:**

1. \_\_\_ \_\_\_ Replacement or reconstruction of existing structure is being proposed
2. \_\_\_ \_\_\_ Owner proposing to rebuild structure.

**Section C Additions or alterations to existing structures:**

1. \_\_\_ \_\_\_ Number of bedrooms will be increased (if applicable) From: \_\_\_ To: \_\_\_
2. \_\_\_ \_\_\_ Structure "footprint" will be increased or changed from what is existing

**Section D Garages, Pole Building, Greenhouses, Outbuildings, Swimming Pools, Decks, Gazebos, Etc.:**

1. \_\_\_ \_\_\_ Proposed structure will be within 50' of any part of the septic system. Approximate Distance: \_\_\_\_\_
2. \_\_\_ \_\_\_ Proposed structure will be within 50' of any well. Approximate Distance: \_\_\_\_\_
3. \_\_\_ \_\_\_ Plumbing fixtures will be installed. Type and Number: \_\_\_\_\_