

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 _____

New Construction _____

Replacement _____

Replacement _____

Single Family _____ Multi-family _____

Large Quantity Withdrawal Well _____

Number of Bedrooms _____ Number of Occupants _____

Geothermal/Heat Exchange Well _____

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

Building Use _____

Sewage Ejector Y / N Shared Well Y / N

Total Daily Flow _____ GPD

Water Softener and/or Treatment Y / N Existing Well To Be Abandoned Y / N

Number of Employees _____

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

Pumping Capacity _____ GPM

Geothermal System On-site or Proposed Y / N

Commercial Checklist Completed Y / N

Existing Fuel Tanks On Property Y / N Yard Hydrant 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, and to secure written permission from the municipality that water and/or sewer is not available to 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