



APPLICATION: Residential/Commercial

Service Requested – mark all that apply

Well & Septic	Septic Tank Only (<i>replacement</i>)	Vacant Land Evaluation	Type III Well
Septic New	Commercial Septic (<i>greater than 1000 gpd</i>)	New Well	Irrigation
Septic (<i>replacement</i>)	Commercial Septic (<i>less than 1000 gpd</i>)	Well Replacement	Irrigation (<i>LQW</i>)

Property Information

Property Parcel #	County	Township	
Street Address			
City		State	Zip
Subdivision			Section
Property Dimensions	<u>or</u> Acreage	If less than 1 acre, did the land division occur after July 28, 1997? Yes No	

Owner Information (current or prospective)

Name			
Mailing Address			
City		State	Zip
Email	Phone	Fax	

Send Report/Permit To

Same as Above	Name:			
Street Address				
City	State	Zip		
Email	Phone	Fax		
Preferred Delivery Method	Fax	Email	Mail	Will Pick Up

Residential Information (required)

Number of Bedrooms (include all lofts used as bedrooms) – circle one	1	2	3	4	more (#) _____	NA
Is there an existing septic system?	Yes	No	If Yes, size of tank _____			
Is there an existing outhouse or privy?	Yes	No	Is there or will there be a water softener installed?	Yes	No	NA
Is there or will there be a garbage disposal unit or grinder pump?	Yes	No	Is there or will there be a whirlpool or hot tub installed?	Yes	No	NA
Are there any buried or above ground fuel tanks other than propane gas?	Yes	No	Will there be basement plumbing?	Yes	No	
Will or does the water well serve two or more homes?	Yes	No	Will the well be used for commercial business use?	Yes	No	
Are there any existing wells on the property which have not been properly plugged as required by State law?			Yes	No		

I, the property owner or the owner's authorized representative (*duly empowered by the property owner with authority granted to me by him/her to officially act in place of, or on his/her behalf in the submission of this application,*) hereby grant to District Health Department #10 representatives permission to access and enter the above described parcel; to perform all necessary tests and inspections. All information provided in this application is accurate, true and correct to the best of my knowledge. By signing below, I further agree to install, or cause to be installed, any hereafter permitted water supply system and/or sewage treatment facilities in accordance with specified permit conditions issued - including the regular requirements of District Health Department #10's Sanitary code; and where applicable with other state laws, rules or regulations.

 Owner or Representative Signature

 Date

Note: a site plan and directions to the property are required. Please complete the back of this form and attach all appropriate documentation. **If incomplete, the application will not be processed and will be returned.**

Office Use Septic Permit # _____ Well Permit # _____

Provided to Client Comm. Addendum Water Bottles Flags with Stakes/Ribbons

Directions to Property

Please include map if property is difficult to find

Site Plan


Please include and show all of the following in the Site Plan Area drawing:

- Prominent landmarks on or near the site (surface waters, fences, large trees, buildings, neighboring houses, etc.)
- Site or property boundaries
- Show location of buildings and driveway (proposed and existing)
- Show location of the proposed well and sewage treatment system and any existing well and or septic systems

Please show as much **detail** as possible in the space below

Please indicate **NORTH**

Site Plan Area Drawing



District Health Department #10 Offices

Crawford County 501 Norway St Ste #1 Grayling, MI 49738 Ph: 989-348-7800 Fax: 989-348-5346	Kalkaska County 625 Courthouse Drive Kalkaska, MI 49646 Ph: 231-258-8669 Fax: 231-258-2805	Lake County 5681 S. M-37 Baldwin, MI 49304 Ph: 231-745-4663 Fax: 231-745-2501	Manistee County 385 Third Street Manistee, MI 49660 Ph: 231-723-3595 Fax: 231-723-1477	Mason County 916 Diana Street Ludington, MI 49431 Ph: 231-845-7381 Fax: 231-845-0438
Mecosta County 14485 Northland Drive Big Rapids, MI 49307 Ph: 231-592-0130 Fax: 231-796-7684	Missaukee County 6180 W SanbornRdSte#1 Lake City, MI 49651 Ph: 231- 839-7167 Fax: 231-839-7908	Newaygo County PO Box 850 306 S. North Street White Cloud, MI 49349 Ph: 231-689-7300 Fax: 231-689-7360	Oceana County 3986 N Oceana Drive Hart, MI 49420 Ph: 231-873-2193 Fax: 231-873-4248	Wexford County 521 Cobb Street Cadillac, MI 49601 Ph: 231-775-9942 Fax: 231-775-5372