

APPLICATION: Residential/Commercial

Service Requested – mark all that apply

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

Property Information

Property Parcel # _____ County _____ Township _____

Street Address _____

City _____ State _____ Zip _____

Subdivision _____ Lot # _____ Section _____

Property Dimensions _____ or 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 Contractor/Other Name

Contractor 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) –check 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there or will there be a water softener installed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is there or will there be a garbage disposal unit or grinder pump? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there or will there be a whirlpool or hot tub installed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are there any buried or above ground fuel tanks other than propane gas? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be basement plumbing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will or does the water well serve two or more homes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will the well be used for commercial business use? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (written above or digital - right)

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

Parcel #

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
- **Show the location of all buried electrical, water, gas or fuel lines**

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 Street, Ste #1
Grayling, MI 49738
(989) 348-7800

ehcrawfordcounty@dhd10.org

KALKASKA COUNTY

625 Courthouse Drive
Kalkaska, MI 49646
(231) 258-8669

ehkalkaskacounty@dhd10.org

LAKE COUNTY

5681 S. M-37
Baldwin, MI 49304
(231) 745-4663

ehlakecounty@dhd10.org

MANISTEE COUNTY

385 Third Street
Manistee, MI 49660
(231) 723-3595

ehmanisteecounty@dhd10.org

MASON COUNTY

916 Diana Street
Ludington, MI 49431
(231) 845-7381

ehmasoncounty@dhd10.org

MECOSTA COUNTY

14485 Northland Drive
Big Rapids, MI 49307
(231) 592-0130

ehmecostacounty@dhd10.org

MISSAUKEE COUNTY

6180 W. Sanborn Road, Ste #1
Lake City, MI 49651
(231) 839-7167

ehmissaukeecounty@dhd10.org

NEWAYGO COUNTY

PO Box 850, 1049 Newell
Street White Cloud, MI 49349
(231) 689-7300

ehnewaygocounty@dhd10.org

OCEANA COUNTY

3986 N. Oceana Drive
Hart, MI 49420
(231) 873-2193

ehoceanacounty@dhd10.org

WEXFORD COUNTY

521 Cobb Street
Cadillac, MI 49601
(231) 775-9942

ehwexfordcounty@dhd10.org