

District Health Department #2

APPLICATION FOR A PERMIT TO CONSTRUCT A RESIDENTIAL SEWAGE DISPOSAL SYSTEM

Please clearly print all information

Owners Name _____

Site Address _____

County _____

Township _____ Section No. _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number _____

Alternate Telephone No. _____

Land Division Approval Date _____

Subdivision/Site Condo Name _____

Lot No. _____ Acres _____

Frontage _____ ft Depth _____ ft

Property Tax ID No. _____

Septic Contractor (if known) _____

Type of Development:

New Home Construction

Replacement System for Existing Home

Accessory Building Other _____

No. of Bedrooms: _____ Seasonal Yes No

In Home Business: Yes No Type _____

Type of Proposed System:

Tank Only Field Only Tank & Field

Graveless Chamber Privy Other _____

Construction Details and Proposed Accessories

Mobile/Manufactured Home Yes No

Licensed Child or Foster Home Yes No

Municipal Water Yes No

Water Softener Yes No

Sewage Ejector Pump in Basement Yes No

Garbage Disposal Yes No

Geothermal Heating/Cooling System Yes No

**All information must be provided for the application to be processed. Indicate N/A (not applicable) if a particular item does not apply to your proposed development.

Note: Applicant must complete site plan on the back side of application

HOMEOWNERS OR AGENTS RESPONSIBILITY

1. Must have at least one four (4) foot deep hole dug in the exact area of the future drainfield.
2. At least one corner of the property must be marked by a stake, monument or other feature.
3. Provide accurate road directions to site: _____

I have read and understand the entire contents of this permit application; and to the best of my knowledge, certify that the information I have provided is complete and accurate.

Applicants Name:(print) _____ Applicants Signature: _____

Telephone Number(s): _____ Date: _____

Health Department Use Only

Amount of Fee: _____ Date of Fee: _____ Receipt No. _____ Computer No. _____

Applicants must draw a complete site plan including neighboring properties in the area below. Site diagrams must include all pertinent site features as indicated in the right hand margin of the site plan below. Waterfront properties must show high water levels.

SITE PLAN

Indicate North

(On small parcels - include ALL neighboring properties)

N

Show all existing
And proposed-
-Roads
-Rights of Way
-Utility Easements
-Access Easements
-Drinking water Wells
-Irrigation Wells
-Neighboring Wells
-Geothermal Wells
-Geothermal Trenches
-Garages
-Buildings
-Property Lines
-Driveways
-Homes
-Septic Tanks
-Drainfields
-Lakes and Ponds
-Streams and Rivers
-Swamp and Springs
-Run Off Areas
-Steep Slopes
-Drainage Pipes

**** TO AVOID DELAYS IN PERMIT ISSUANCE – applicants must indicate all existing well locations including drinking water wells, irrigation wells, geothermal wells, hand pump wells, or any other existing well point below the ground surface on this and all adjoining properties in all directions. All buried wells must be staked or positively identified with written dimensions to a specified location or landmark.**

Return completed application and fee to: District Health Department #2

ALCONA COUNTY
311 Lake St.
P.O. Box 218
Harrisville, MI 48740
Tel: (989) 724-6757
Fax: (989)343-1894

IOSCO COUNTY
420 W. Lake St.
P.O. Box 98
Tawas City, MI 48763
Tel: (989) 362-6183
Fax: (989) 343-1892

OGEMAW COUNTY
Main Office
630 Progress
West Branch, MI 48661
Tel: (989) 345-5020
Fax: (989) 343-1899

OSCODA COUNTY
393 S. Mt. Tom Rd.
Mio MI, 48647
Tel: (989) 826-3970
Fax: (989) 343-1895

Refund policy: A full refund of the application fee, minus a \$25.00 processing fee may be granted upon written request within 90 days of the application date IF NO SITE VISIT HAS BEEN MADE. A partial refund of one third (1/3) the application fee may be granted if the site visit has been made, the system has not been installed, and the request is in writing within 90 days of the application date. Any permit issued will be voided. A copy of District Health Department #2 Environmental Health Regulations are available upon request. Applicants have the right to appeal a decision made under the Environmental Health Regulations. Contact the health department office in your county for more information.