

DISTRICT HEALTH DEPARTMENT NO. 2

VACANT LAND EVALUATION APPLICATION

Property Owner _____

Mailing Address _____

City _____

State _____ Zip Code _____

Telephone (_____) _____

Applicants Name _____

Mailing Address _____

City _____

State _____ Zip Code _____

Telephone Number Home (_____) _____

Work (_____) _____

Property Owners Signature _____

PROPERTY LOCATION

Site Address _____

County _____ Township _____ Section _____ Town _____ Range _____

Property Size: Frontage _____ ft

Depth _____ ft

Acres _____

Sub-division/Site Condominium Name _____ Lot # _____

Land Division - Approval Date _____

Property Tax ID# _____

Description of proposed use of property (If residential Sewage -include # of proposed bedrooms) _____

USE THE BACKSIDE OF THIS FORM FOR AN ACCURATE PROPERTY DRAWING OR ATTACH AN ACCURATE PROPERTY DRAWING

Road directions to the site:

Health Department Use Only

AMOUNT OF FEE: _____

DATE OF FEE: _____

RECEIPT # : _____

REG. Book Given: _____

COMPUTER #: _____

Return Completed Application And Fee To:

District Health Department No. 2

Alcona County

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

Iosco County

Iosco County Building Annex
420 W. Lake St., P.O. Box 98
Tawas City, MI 48764
Tel: (989) 362-6183
Fax: (989) 343-1892

Ogemaw Office

MAIN OFFICE
630 Progress
West Branch, MI 48661
Tel: (989) 345-5020
Fax: (989) 343-1899

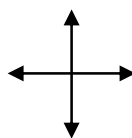
Oscoda County

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

APPLICANT'S SIGNATURE _____

DATE _____

Applicants **must** draw a complete site plan in the area below. Waterfront property **must** show high water levels. All wells on neighboring lots that are buried need to be staked or otherwise positively located either on site or on the site plan below.

<p style="text-align: center;">SITE PLAN</p> <div style="text-align: center;">  <p>Indicate North</p> </div>	<p>Show all proposed and existing:</p> <ul style="list-style-type: none"> -Roads -Right of ways -Utility easements -Access easements -Driveways -Homes -Garages -Buildings -Property Lines -Wells -Neighbors Wells -Septic Tanks -Drain fields -Lakes and Ponds -Streams and Rivers -Swamps and springs -Run-off areas -Steep Slopes -Drainage Pipes
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FOR HEALTH DEPARTMENT USE ONLY

SOIL TEXTURE

Locate soil borings (e.g., •SB 1) on site plan above

	#1	#2
1'		
2'		
3'		
4'		
5'		
6'		

SHWT/Mottling at _____
 Limiting Layer: _____ Depth _____

Topography : Slope _____

Dropoff _____

Isolation: Wells _____

Surface Water _____

Design: _____

Subject to Flooding YES / NO _____

Adequate Area YES / NO _____

Replacement Area YES / NO _____

Comments: _____

SITE SUITABLE () NOT SUITABLE ()

Staff _____ Date _____