

District Health Department #2

APPLICATION FOR A PERMIT TO CONSTRUCT A COMMERCIAL SEWAGE DISPOSAL SYSTEM

Please print all information

Business Name: _____ Owners Name: _____

Site Address _____ Telephone Number: _____

County: _____ Township: _____ Section Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Subdivision: _____ Land Division Approval Date: _____

Lot No. _____ Acres: _____ Frontage: _____ Depth: _____

Property Tax ID Number: _____

<input type="checkbox"/> New Construction	Seasonal <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Business: (Indicate below)	No. of Employees _____
<input type="checkbox"/> Replacement system for existing business		<input type="checkbox"/> Motel - No. of Units _____	No. of Bed Spaces _____
<input type="checkbox"/> Tank	<input type="checkbox"/> Field	<input type="checkbox"/> Restaurant - Seating _____	Meals per Day _____
<input type="checkbox"/> Other		<input type="checkbox"/> Office Bldg.- Sq ft. _____	No. of Employees _____
Garbage Disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Church - Seating Capacity _____	
Sewage Ejector Pump	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Campground - No. of Sites _____	
Water Softener	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other _____	
Basement Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Septic Contractor _____	
Municipal Water	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will all wastewater drains discharge into this system <input type="checkbox"/> Yes <input type="checkbox"/> No (explain) _____			

OWNERS OR AGENTS RESPONSIBILITY

1. Must have at least one four foot deep hole dug in the exact area of the proposed drainfield. Please note a backhoe may be required for excavation of all test holes/borings.
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: _____

To the best of my knowledge I certify that the information provided is complete and accurate.

Applicants Name: _____ Applicants Signature: _____

Telephone Number: _____ Date: _____

Health Department Use Only

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

Applicants must draw a complete site plan in the area below. Waterfront property must show high water levels. All water wells including buried wells and wells located on neighboring properties must be staked or otherwise positively identified with written dimensions to a specified location or landmark.

Indicate North

N

Site Plan

Show all existing and proposed

- Roads
- Rights of way
- Utility Easements
- Access Easements
- Wells
- Neighboring wells
- Garages
- Buildings
- Property lines
- Driveways
- Homes
- Septic tanks
- Drain fields
- Lakes and Ponds
- Streams and Rivers
- Swamp and springs
- Run off areas
- Steep Slopes
- Drainage pipes

Note: Any system with design flows of 2000 per day gallons or greater SHALL require engineered site plans. Systems with design flows of less than 2000 gallons per day MAY require engineered site plans.

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.