

District Health Department No.2

APPLICATION FOR A PERMIT TO CONSTRUCT A RESIDENTIAL SEWAGE DISPOSAL SYSTEM

Applicant must complete site plan on back page of application. Please clearly print all information.

OWNER/PROPERTY INFORMATION

Owners Name _____

Site Address _____

Site City _____ County _____

Township _____ Section _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number _____

Alternate Telephone No. _____

Owner E-mail _____

Property Split/Divided Since 1997 Yes No

Land Division Approval Date _____

Property Tax ID No. _____

Subdivision/ Site Condominium _____

Lot No. _____ No. of Acres _____

Frontage _____ ft Depth _____ ft

Installer _____ Phone _____

****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.**

PROPOSED DEVELOPMENT

New Home Construction

Replacement System for Existing Home/Building

Accessory Building Other _____

No. of Bedrooms _____ Seasonal Yes No

Mobile/Manufactured Home Yes No

Licensed Child or Foster Home Yes No

In Home Business Yes No

Business Type: _____

PROPOSED SYSTEM

Tank & Field Tank Only

Field Only Existing Tank Size _____ Gal.

Stone Bed Gravelless Chamber

GSF (e.g.Eljen) Privy Other _____

PLUMBING AND FIXTURES

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

1. Property Owner/Agent MUST have at least one four (4) foot deep test hole excavated in the area of the proposed drainfield.
2. Property Owner/Agent MUST have at least one corner of the property marked by a stake, monument, or other feature.
3. Property Owner/Agent MUST provide detailed road directions to site: _____

I have reviewed and understand this permit application in its entirety, and to the best of my knowledge, declare that the requested information I have provided, including the site plan, is true, complete, and accurate. **This application shall be valid for the remainder of the calendar year of submission and for two additional years.**

Owner/Authorized Representative :(print) _____ Signature: _____

Telephone Number(s): _____ Date: _____

Health Department Use Only

Date of Application _____ Fee: _____ Receipt _____ Computer No. _____
 Existing Septic Permit No. _____ Date _____ N/A Existing Well Permit No. _____ Date _____ N/A

Applicants must complete Part A and provide a Site Plan (Part B) including neighboring properties in the area provided.

Part A

1. Are there proposed, existing or abandoned **wells for drinking water, irrigation, geothermal use**, on this, or neighboring properties? Yes/ No
(If yes, include ALL wells on Site Plan drawing. See Site Plan below)
2. Are there any **ditches, drains, well overflows, or drains for lowering the groundwater table** on this or neighboring properties? Yes/ No
(If yes, include ALL ditches, drains, or overflows on Site Plan drawing)
3. Is there any **surface water e.g. creeks, rivers, streams, ponds, lakes, or wetlands** on or near this, or neighboring properties? Yes/ No
(if yes, include ALL surface water on Site Plan drawing. Waterfront properties must show high water levels).
4. If property is currently vacant/undeveloped, were there ever any buildings or wells previously located on the property? Yes / No
(If yes, include ALL wells on Site Plan drawing.)
5. Site Plan must also include the following existing or proposed pertinent site features.

Roads	Property lines	Homes	Garages	Sheds
Septic tanks	Drainfields	Rights of way	Access easements	Utility easements
Steep slopes	Low areas	Run off areas	Filled areas	Parking areas

Part B - Site Plan If proposed septic system is to be less than 50 feet to any property line, show ALL buildings and well locations on the neighboring properties

Indicate North

N

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 well heads must be staked or positively identified with written dimensions to a specified location or landmark.

Return completed application and fee to: District Health Department No.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. The District Health Department No.2 Environmental Health Regulations are available in their entirety at www.dhd2.org. 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.