# District Health Department #2

**APPLICATION FOR A PERMIT TO CONSRUCT A COMMERCIAL SEWAGE DISPOSAL SYSTEM**

*Please print all information*

**Business Name:**_____ **Owners Name:**_____

**Site Address**_____**Telephone Number:**_____

**County:**_____ **Township:**_____ **Section Number:**_____

**MailingAddress:** _____

**City:**_____**State:**_____**Zip:**_____

**Subdivision:**_____ **Land Division Approval Date:**_____

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

**Property Tax ID Number:** _____

**( ) New Construction** **Seasonal ( ) Yes ( ) No** **Type of Business: (Indicate below)** **No. of Employees** _____

**( ) Replacement system for existing business** **( ) Motel - No. of Units** _____ **No. of Bed Spaces**_____

**( ) Tank** **( ) Field** **( ) Other** **( ) Restaurant – Seating** _____ **Meals per Day** _____

**Garbage Disposal** **( ) Yes ( ) No** **( ) Office Bldg.- Sq ft.** _____ **No. of Employees** _____

**Sewage Ejector Pump** **( ) Yes ( ) No** **( ) Church – Seating Capacity** _____

**Water Softener** **( ) Yes ( ) No** **( ) Campground – No. of Sites** _____

**Basement Plumbing** **( ) Yes ( ) No** **( ) Other**_____

**Municipal Water** **( ) Yes ( ) No** **Septic Contractor** _____

**Will all wastewater drains discharge into this system ( ) Yes ( ) 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 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. This application shall be valid for the remainder of the calendar year of submission and for one additional calendar year.**