# 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. **<u>Property Owner/Agent MUST have at least one four (4) foot deep test hole excavated in the area of the proposed drainfield</u>.**
2. **Property Owner/Agent MUST positively identify property lines to ensure proper isolation distances/location of septic system.**
3. **Property Owner/Agent MUST** provide **<u>detailed</u> 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 and have secured permission to access neighboring properties to determine isolation distances. **This application shall be valid for the remainder of the calendar year of submission and for one additional calendar year.**

**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**
**117 E. Main 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) 343-6659**

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

**A full refund of the application fee, minus a $35.00 processing fee may be granted upon written request within 90 days of the application date IF NO SITE VISIT HAS BEEN MADE. 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.**

**DHD2 Septic and Well Pre-Site Visit REQUIREMENTS**

- DHD2 requires that a 4-foot test hole be excavated in the location of the proposed drainfield.
- If unable to dig the 4-foot hole, contact a DHD2 sanitarian to make arrangements for assistance.
- DHD2 will NOT drill test holes without clear markings of utility lines (eg. MISS DIG (811) sprinkler lines or other underground infrastructure.
- Property owner accepts all responsibility for damage that may occur as a result of DHD2 drilling test holes.
- All property lines must be clearly identified in situations where the proposed septic tank, drainfield or well will be within 50 feet of a property line.
- DHD2 reserves the right to require a survey of the property to determine property line locations if deemed necessary.
- Applicants must secure permission from neighboring property owners for DHD2 to access the property to measure distances from wells and/or septic system components to determine proper isolation distances.
- DHD2 staff will NOT enter neighboring properties without permission from the neighboring property owner.
- All buried well heads or wells inside structures on the applicant and neighboring properties must be identified.

**FAILURE TO MEET THE ABOVE CONDITIONS PRIOR TO THE ONSITE VISIT BY DHD2 STAFF COULD REQUIRE A REVISIT TO THE SITE AFTER CONDITIONS HAVE BEEN MET. IN THIS CASE AN ADDITIONAL VISIT FEE OF $110 MAY BE ASSESSED.**