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
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) 343-1899

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 $35.00 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.