

# Central Michigan District Health Department

## Application for Permit

TO CONSTRUCT:

- SEPTIC SYSTEM  
 COMMERCIAL SEPTIC  
 PRIVATE WATER SUPPLY  
 TYPE III WATER SUPPLY

New      Replacement

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Office Use Only

Date \_\_\_\_\_ Receipt # \_\_\_\_\_  
 Fee \_\_\_\_\_ Permit # \_\_\_\_\_  
 By \_\_\_\_\_ Comp. # \_\_\_\_\_

County	Twp	Section	Subdivision	Lot	Fraction	Town	Range
Property Tax ID #: _____				Owner's Name: _____			
Lot or Acreage Dimensions: _____				Mailing Address: _____			
Street Address: _____				Telephone: _____			
				Driver's License #: _____			
				Date of Birth: _____			
Directions to Site _____							

<p><i>Residential</i></p> No. of Bedrooms _____ Last Routine Tank Pumping _____ <input type="checkbox"/> New <input type="checkbox"/> Replacement      Age of System _____ Proposed Basement Plumbing Fixtures <input type="checkbox"/> Yes <input type="checkbox"/> No Probable Cause of Replacement _____	<p><i>Commercial</i></p> Drains _____ Lavatories _____ Stools _____ Showers _____ Sinks _____ Total Daily Flow _____
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Proposed Contractors _____	Existing Well Information
Proposed Well Driller _____	Depth _____ Well Driller _____
Proposed Excavator _____	Year Installed _____ Well to be Abandoned <input type="checkbox"/> Yes <input type="checkbox"/> No

Draw a sketch of proposed site plan (show buildings, driveway, lot lines, owner's wells and sewage Systems, neighbor's wells and sewage systems and lake, stream, ditch or buried drains if applicable).

N ↑

I hereby affirm that information contained on this application is true to the best of my knowledge and that final approval must be given by the Health Officer before the system is covered or used. I further agree to have all underground utilities, marked prior to any health department activity on my property and understand if I fail to do so, I will accept all liability &/or any penalties or fees associated with violations of Public Act 53 as amended.

\_\_\_\_\_  
Signature Owner or Authorized Representative

**To Arrange Inspections, Call:**

- Arenac 989-846-6541 ext 10      Isabella 989-773-5921 ext 3  
 Clare 989-539-5092 ext 4      Osceola 231-832-5532 ext 22  
 Gladwin 989-426-8985 ext 3      Roscommon 989-366-9166 ext 72