

Office Use Only: Date Received:__

Application for On-Site Sewage Disposal System and Water Supply

Central Michigan District Health Department

Serving the counties of Arenac, Clare, Gladwin, Isabella, Osceola and Roscommon

The purpose of this program is to allow the Central Michigan District Health Department (CMDHD) to evaluate site conditions using applicable criteria. Determination will be made for compliance with the Sanitary Code, Land Division Act, Michigan Criteria for Subsurface Sewage Disposal, or the Groundwater Quality Control rules based on intended use. The evaluation of site conditions and permit issuance is intended to protect the public health and maintain a safe environment for residents.

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Application to Co	onstruct:			NEW	REPLACEMENT
Residential Septic System		Number of Bedrooms:			
Commercial Septic System		Gallons per Day:			
Private Water Supply					
☐ Type III Com	mercial Water Supply	y			
Property Informati	ion				
Property Tax ID #:_		County	·	Township:	
					Range:
Property Address:_			City:		Zip Code:
_	ensions:				_
If lot is less than 1	acre, was it split or s	split recorded after J	uly 28, 1997?	YES N	IO NA
Directions to site: (in	nclude name of neares	st crossroad/landmarks	s/neighboring house n	umber)	
-					
-					
Applicant Informat					
Driver's License Number:					
		City:			
				Fax:	
Property Owner In	formation (if differen	it than applicant)			
Name:		Email:			
Mailing Address:					
Home Phone:		Cell	/Work Phone:		
SEND PERMIT(S)	TO: OWNER [APPLICANT DEL	IVERY PREFERENCI	E: □EMAIL	☐ MAIL ☐ FAX
I hereby authorize (Central Michigan Distric	rt Health Denartment t	to access the above d	escribed property	to determine its
					otain information required
for this evaluation, a	and to conduct inspecti	ions of permitted facilit	ties. I also agree to co		uirements of the Sanitary
Code for the District	t, and with the applicat	ole laws of the State of	f Michigan.		
					t final approval must be
					nd utilities marked prior to
	ent activity on the prop h violations of Public A		i iali to do so, i wili ad	ccept all liability ar	id/or any penaities or
COMPLETE DRAW	VING AND ADDITION	AL REQUIRED INFOR	RMATION ON REVER	SE.	
Oi-mature of Our	aul Amanata		Dhana #		Data
Signature of Owner/Agent:		OFFICE LOCATIONS		Date:	
Arenac County	Clare County	Gladwin County	Isabella County	Osceola County	Roscommon County
4489 W. M-61, Suite 3	815 N Clare Áve, Suite B	103 N. Bowery	2012 E. Preston St.	22054 Professional	
PO Box: 734 Standish, MI 48658	Harrison, MI 48625 Phone: (989) 539-6731	Gladwin, MI 48624 Phone: (989) 426-9431	Mt. Pleasant, MI 48858 Phone: (989) 773-5921		Prudenville, MI 48651 Phone: (989) 366-916
Phone: (989) 846-6541	FAX: (989) 539-4449	FAX: (989) 426-6952	FAX: (989) 773-4319	Phone: (231) 832-5	5532 FAX: (989) 366-8921
FAX: (989) 846-0431				FAX: (231) 832-10	20

Cash:___ Check:___ CC:___ Receipt Number:_

Application continued: Proposed Excavator: Proposed Well Contractor: **Residential Information** ☐ YES Пио Does home have basement plumbing? ☐ YES \square NO Is there a garbage disposal? Is there a garden tub or hot tub greater than 50 gallons of capacity? ☐ YES \square NO Is laundry waste plumbed into septic system? ☐ YES □NO □ NO Is there a water softener? YES Is it plumbed into septic system? YES How frequently has the existing sewage system been routinely pumped? ☐ 1-2yrs ☐ 3-5yrs ☐ 5-10yrs ☐ >10yrs ☐ Never Date of last tank pump out:____ Commercial Information Type of establishment or business: Number of Employees: _____/Shift Customers: _____ Students: _____ Normal Business Hours: _____ Total Hours per day: _____ Total number of work shifts: _____ Toilets/Water Closets...... _____ Urinals..... _____ Lavatories/Hand Sinks..... Bath Tubs/Shower Stalls..... Will this facility generate liquid waste from other than toilets, sinks, baths or laundry? Yes No If Yes, please explain: ☐ Yes ∐ No Will Floor Drains be installed? INCLUDE ON SKETCH: PLEASE COMPLETE A SITE PLAN SKETCH BELOW 1. Property lines/dimensions 2. Location of any buildings - include distance to roads/landmarks 3. Well locations - (proposed and/or existing) distance to septic/drain field 4. Neighboring well/septic system location 5. Septic tank and drainfield location(s) proposed and/or existing Location(s) of streets/roads Location(s) of body(ies) of water Location(s) of underground and above ground fuel storage tanks 9. Test hole locations Indicate proposed additions/changes to existing buildings for remodeling 11. Attach existing and proposed floor plan for remodeling.

12. Location of utilities; i.e. electric, gas,

phone