



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.

Application to Construct:

- Residential Septic System
Commercial Septic System
Private Water Supply
Type III Commercial Water Supply

Number of Bedrooms:
Gallons per Day:

NEW REPLACEMENT
[ ] [ ]
[ ] [ ]
[ ] [ ]
[ ] [ ]

Property Information

Property Tax ID #: County: Township:
Section: Subdivision: Lot #: Town: Range:
Property Address: City: Zip Code:

Lot or Acreage Dimensions:

If lot is less than 1 acre, was it split or split recorded after July 28, 1997? YES NO NA

Directions to site: (include name of nearest crossroad/landmarks/neighboring house number)

Applicant Information

Name: Email:
Driver's License Number: Date of Birth:
Mailing Address: City: State: Zip Code:
Home Phone: Cell/Work Phone: Fax:

Property Owner Information (if different than applicant)

Name: Email:
Mailing Address: City: State: Zip Code:
Home Phone: Cell/Work Phone:

SEND PERMIT(S) TO: OWNER APPLICANT DELIVERY PREFERENCE: EMAIL MAIL FAX

I hereby authorize Central Michigan District Health Department to access the above described property to determine its suitability for the development plans indicated, to conduct such tests as may be necessary in order to obtain information required for this evaluation, and to conduct inspections of permitted facilities. I also agree to comply with the requirements of the Sanitary Code for the District, and with the applicable laws of the State of Michigan.

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 the property and understand if I fail to do so, I will accept all liability and/or any penalties or fees associated with violations of Public Act 53 as amended.

COMPLETE DRAWING AND ADDITIONAL REQUIRED INFORMATION ON REVERSE.

Signature of Owner/Agent: Phone #: Date:

OFFICE LOCATIONS

- Arenac County: 4489 W. M-61, Suite 3 Standish, MI 48658
Clare County: 815 N Clare Ave, Suite B Harrison, MI 48625
Gladwin County: 103 N. Bowery Gladwin, MI 48624
Isabella County: 2012 E. Preston St. Mt. Pleasant, MI 48858
Osceola County: 22054 Professional Dr, Suite D Reed City, MI 49677
Roscommon County: 200 Grand Ave, Suite A Prudenville, MI 48651

Office Use Only: Date Received: Amount Received: Cash: Check: CC: Receipt Number:

