

**APPLICATION: Residential/Commercial**

**Service Requested – mark all that apply**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Well & Septic        | <input type="checkbox"/> Septic Tank Only (replacement)            | <input type="checkbox"/> Vacant Land Evaluation | <input type="checkbox"/> Type III Well    |
| <input type="checkbox"/> Septic New           | <input type="checkbox"/> Commercial Septic (greater than 1000 gpd) | <input type="checkbox"/> New Well               | <input type="checkbox"/> Irrigation       |
| <input type="checkbox"/> Septic (replacement) | <input type="checkbox"/> Commercial Septic (less than 1000 gpd)    | <input type="checkbox"/> Well Replacement       | <input type="checkbox"/> Irrigation (LOW) |

**Property Information**

|                     |            |  |
|---------------------|------------|--|
| Property Parcel #   | County     | Township   |
| Street Address      |            |  |
| City                | State      | Zip  |
| Subdivision         | Lot #      | Section  |
| Property Dimensions | or Acreage | If less than 1 acre, did the land division occur after July 28, 1997? <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Owner Information (current or prospective)**

|                 |       |     |
|-----------------|-------|-----|
| Name            |       |     |
| Mailing Address |       |     |
| City            | State | Zip |
| Email           | Phone | Fax |

**Send Report/Permit To**

|  |                               |                                |                               |                                       |
|--|-------------------------------|--------------------------------|-------------------------------|---------------------------------------|
| <input type="checkbox"/> Same as Above | <input type="checkbox"/> Name |                                |                               |                                       |
| Street Address                         |                               |                                |                               |                                       |
| City                                   | State                         | Zip                            |                               |                                       |
| Email                                  | Phone                         | Fax                            |                               |                                       |
| Preferred Delivery Method              | <input type="checkbox"/> Fax  | <input type="checkbox"/> Email | <input type="checkbox"/> Mail | <input type="checkbox"/> Will Pick Up |

**Residential Information (required)**

|  |   |   |  |
|--|---|---|--|
| Number of Bedrooms (include all lofts used as bedrooms) – check one  | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | more (#) _____  | <input type="checkbox"/> NA  |
| Is there an existing septic system?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | If Yes, size of tank _____                                  |  |
| Is there an existing outhouse or privy?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Is there or will there be a water softener installed?       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Is there or will there be a garbage disposal unit or grinder pump?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Is there or will there be a whirlpool or hot tub installed? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Are there any buried or above ground fuel tanks other than propane gas?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Will there be basement plumbing?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                             |
| Will or does the water well serve two or more homes?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Will the well be used for commercial business use?          | <input type="checkbox"/> Yes <input type="checkbox"/> No                             |
| Are there any existing wells on the property which have not been properly plugged as required by State law? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |   |  |

I, the property owner or the owner's authorized representative (duly empowered by the property owner with authority granted to me by him/her to officially act in place of, or on his/her behalf in the submission of this application,) hereby grant to District Health Department #10 representatives permission to access and enter the above described parcel; to perform all necessary tests and inspections. All information provided in this application is accurate, true and correct to the best of my knowledge. By signing below, I further agree to install, or cause to be installed, any hereafter permitted water supply system and/or sewage treatment facilities in accordance with specified permit conditions issued - including the regular requirements of District Health Department #10's Sanitary code; and where applicable with other state laws, rules or regulations.

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

\_\_\_\_\_  
Date

**Note:** a site plan and directions to the property are required. Please complete the back of this form and attach all appropriate documentation. **If incomplete, the application will not be processed and will be returned.**

|                    |                 |               |                           |
|--------------------|-----------------|---------------|---------------------------|
| Office Use         | Septic Permit # | Well Permit # |                           |
| Provided to Client | Comm. Addendum  | Water Bottles | Flags with Stakes/Ribbons |

## Directions to Property

Please include map if property is difficult to find

## Site Plan

Please include and show all of the following in the Site Plan Area drawing:

- Prominent landmarks on or near the site (surface waters, fences, large trees, buildings, neighboring houses, etc.)
- Site or property boundaries
- Show location of buildings and driveway (proposed and existing)
- Show location of the proposed well and sewage treatment system and any existing well and or septic systems
- Show the location of all buried electrical, water, gas or fuel lines

Please show as much **detail** as possible in the space below

Please indicate  
**NORTH**

## Site Plan Area Drawing



## District Health Department #10 Offices

**Crawford County**  
501 Norway St Ste #1  
Grayling, MI 49738  
Ph: 989-348-7800  
Fax: 989-348-5346

**Kalkaska County**  
625 Courthouse Drive  
Kalkaska, MI 49646  
Ph: 231-258-8669  
Fax: 231-258-2805

**Lake County**  
5681 S. M-37  
Baldwin, MI 49304  
Ph: 231-745-4663  
Fax: 231-745-2501

**Manistee County**  
385 Third Street  
Manistee, MI 49660  
Ph: 231-723-3595  
Fax: 231-723-1477

**Mason County**  
916 Diana Street  
Ludington, MI 49431  
Ph: 231-845-7381  
Fax: 231-845-0438

**Mecosta County**  
14485 Northland Drive  
Big Rapids, MI 49307  
Ph: 231-592-0130  
Fax: 231-796-7684

**Missaukee County**  
6180 W Sanborn Rd Ste#1  
Lake City, MI 49651  
Ph: 231-839-7167  
Fax: 231-839-7908

**Newaygo County**  
PO Box 850  
306 S. North Street  
White Cloud, MI 49349  
Ph: 231-689-7300  
Fax: 231-689-7360

**Oceana County**  
3986 N Oceana Drive  
Hart, MI 49420  
Ph: 231-873-2193  
Fax: 231-873-4248

**Wexford County**  
521 Cobb Street  
Cadillac, MI 49601  
Ph: 231-775-9942  
Fax: 231-775-5372

**CRAWFORD COUNTY**

501 Norway Street  
Suite #1  
Grayling, MI 49738  
(989) 348-7800

**KALKASKA COUNTY**

625 Courthouse Drive  
Kalkaska, MI 49646  
(231) 258-8669

**LAKE COUNTY**

5681 S. M-37  
Baldwin, MI 49304  
(231) 745-4663

**MANISTEE COUNTY**

385 Third Street  
Manistee, MI 49660  
(231) 723-3595

**MASON COUNTY**

916 Diana Street  
Ludington, MI 49431  
(231) 845-7381

**MECOSTA COUNTY**

14485 Northland Drive  
Big Rapids, MI 49307  
(231) 592-0130

**MISSAUKEE COUNTY**

6180 W. Sanborn Road  
Suite #1  
Lake City, MI 49651  
(231) 839-7167

**NEWAYGO COUNTY**

PO Box 850  
1049 Newell Street  
White Cloud, MI 49349  
(231) 689-7300

**OCEANA COUNTY**

3986 N. Oceana Drive  
Hart, MI 49420  
(231) 873-2193

**WEXFORD COUNTY**

521 Cobb Street  
Cadillac, MI 49601  
(231) 775-9942

## PERMIT APPLICATION INSTRUCTIONS

### HEALTH DEPARTMENT REQUIREMENTS FOR WATER SUPPLY SYSTEMS, SEWAGE TREATMENT SYSTEMS, AND SOIL EVALUATIONS

Please follow the instructions below when completing your application for an on-site water supply and sewage treatment system permit.

1. Complete all areas of application except yellow area labeled "Office Use", then sign.
2. Include the parcel number (Tax I.D. number) and the street address of the property. The parcel number can be obtained from your tax bill. (INCOMPLETE APPLICATIONS WILL BE RETURNED)
3. Complete a site plan area drawing on the permit application; be sure to identify well(s) and septic system(s) within 50 feet of the property. Also, write directions to and/or description of the property.
4. Flag your property to mark the location of the driveway and proposed location of the well and septic system prior to submitting your application. It is not necessary for you to be present at the time of the site investigation. If the property is not flagged, you will be contacted by the sanitarian and a re-inspection fee must be submitted to the health department prior to the site visit.
5. Add contractor information in the appropriate field if you have selected one.
6. Submit the required fee with the application. Make checks payable to District Health Department #10 or DHD#10. (APPLICATIONS WITHOUT A FEE WILL BE RETURNED)
7. Send the completed application (with payment) to the county office that the permit will be issued from. Office locations are listed on page 2 of the application.

Once the properly completed application and fees have been received, a sanitarian will perform a field investigation to determine soil suitability and other factors pertinent to compliance with health code standards. If conditions are favorable, a permit will be mailed to you. If you have any questions regarding this process, you may call or contact our office in person between the hours of 8:00 a.m. - 4:30 p.m. (8:30 a.m. - 5:00 p.m. for Mecosta County)



[www.dhd10.org](http://www.dhd10.org)



healthdept10

## OTHER PERMITS

Each location is a specific site and may require other permits not warranted by this department. These include but are not limited to: township zoning permit, soil and erosion permit, wetlands permit, driveway permit, etc. Please contact the appropriate agency for these determinations.

| <b>MINIMUM ISOLATION DISTANCE REQUIREMENTS</b> |         |                              |
|--|---------|------------------------------|
| <b>ISOLATION FROM SEPTIC TANK</b>              |         | <b>DISTANCE DRAIN BED **</b> |
| <b>Property Line</b>                           | 5 feet  | 10 feet                      |
| <b>Basement Wall</b>                           | 10 feet | 10 feet                      |
| <b>Lake or Stream</b>                          | 50 feet | 100 feet                     |
| <b>Bank or Drop Off</b>                        | 10 feet | 15 feet                      |
| <b>Residential Well Only</b>                   | 50 feet | 50 feet                      |
| <b>Non-Community Well</b>                      | 75 feet | 75 feet                      |
| <b>Water Line</b>                              | 10 feet | 10 feet                      |
| <b>Swimming Pool</b>                           | 10 feet | 10 feet                      |

\*\*The ZONING REQUIREMENTS OR RESTRICTIVE COVENANTS, OR RIVER ZONING MAY require greater distances, as well as requirements from other commercial facilities.

\*\*DISPOSAL METHODS other than a drain bed may require greater isolation distances.

## PLEASE SHOW THE FOLLOWING ON YOUR SITE PLAN

- A. The location of any existing building, wells, or sewage disposal facilities on the property, or on adjoining property if closer than 50' from your property.
- B. Show the location of the proposed new buildings, wells, sewage systems, drive ways etc. Identify well(s) and septic system(s) within 50 feet of property line.
- C. Please indicate any easement, utility lines, lakes, streams, ponds, etc.
- D. Indicate distances between wells and septic tanks, disposal fields, property lines, lakes, rivers, streams, drop offs, etc. and adjoining property within 50 feet of this site.
- E. Please show the measurements of the width and depth of your property and indicate how many acres therein.

**YOUR SITE PLAN DRAWING SHOULD BE LEGIBLE AND RESEMBLE THE EXAMPLE SHOWN BELOW.**

EXAMPLE OF PROPERLY COMPLETED SITE PLAN

**Site Plan**

Show as much detail as possible on the site plan.

*Please Include:*

1. Prominent landmarks on or nearby the site (surface waters, fences, large trees, buildings, neighboring houses, etc.
2. Site boundaries
3. Show location of buildings and drives.
4. Show location of well and/or sewage treatment system.
5. Indicate North

**Map to Property**

(Closest major cross road/streets)

A diagram showing a central rectangle labeled 'Site'. To its left is a vertical line labeled 'West' and to its right is a vertical line labeled 'East'. Above the site is a horizontal line labeled 'North' and below is a horizontal line labeled 'South'. At the bottom right, a horizontal line is labeled '76th Street'.

**Property Line**

A diagram showing a property layout. At the top is a north arrow labeled 'N'. Below it is a rectangle labeled 'drainfield' with a smaller rectangle labeled 'septic tank' below it. Further down is a larger rectangle labeled 'house'. Below the house is a rectangle labeled 'garage' with a line labeled 'driveway' leading to it. To the right of the driveway is a circle labeled 'well'. At the bottom is a horizontal line labeled '76th Street'. The left side of the diagram is labeled 'Property Line' vertically.

Indicate Scale (          Square X          Ft.)

Directions to and/or description of property

Follow M-37 south of Baldwin and travel to  
76<sup>th</sup> Avenue. Turn right and travel 1 ½ miles –  
site on north side of road

I, the owner or the owner’s representative, agree to allow the representative of the District Health Department #10 access to the described parcel to perform necessary test, and observations. The above information is true and correct to the best of my knowledge, I agree to install any permitted water supply and/or sewage treatment facility in accordance with the District Health Department #10 Environmental Health Code and applicable State Law.

John Doe                      January 31, 2008  
Signature                      Date