

2019 Permit Application - Septic System/Water Well

Antrim, Charlevoix and Emmet Counties

Date:____

Residential ☐ Septic (New) - \$308	Non-Residential ☐ Septic (New) - \$370	FOR DEPARTMENT USE				
☐ Septic (Replacement) - \$308	□ Septic (Replacement) - \$370	Application #				
□ Well - \$235	☐ Type I Public Well - \$235					
☐ Septic Tank Only - \$240	☐ Type III Public Well (including Irrigation Wells) - \$235					
Permits for the installation of sewage treatment and o	isposal systems and water supply systems are required under Se Otsego Counties. It is unlawful to construct, repair, alter, or ext	ctions 4-2 and 6-2 of the 2017 District				
<u>Property Information</u> Year Parcel Created: ☐ Prior to 1997 ☐ 1997-present Size of Parcel: acres						
County:						
	Township:					
	City:	Zip code:				
Subdivision: Lot #:						
Total Number of Bedrooms (including bonus Rooms): ☐ Replacement for an Existing Use ☐ New or Change of Use						
Owner Information						
Owner Name:						
Mailing Address:	City:	State: Zip code:				
Phone Number:	Email:					
Send Report to (if other than owner) Name:						
Address:	City: S	State: Zip code:				
	Email:					
Existing Well - Out of Water:	□ No □ NA Name of Well Driller:					
Proposed Well Use:						
						
Existing Septic - Failed or Failing:	□ No □ NA Name of Septic Contractor:					
Septic System Age:						
Proposed drainfield location identified:	☐ Yes ☐ No If No, by what date:	<u> </u>				
Proposed drainfield location identified: ☐ Yes ☐ No If No, by what date: The area of the proposed drainfield must be clearly identified by digging 36"-48" deep test holes, providing flagging or marked in a manner that is highly visible and positively defines the proposed area.						
Note: Sites with difficult soil conditions may require backhoe excavations , at the owner's expense, to complete permitting activity.						
Non-Residential – Additional Information: Type of Facility/Use: Maximum # of People/Day:						
Food Facility Only Number of Seats (including outdoor seating): Number of Meals/Day:						
This department requires that the owner or his/her representative draw a site plan and directions to the property described above. Please use the back of this form and attach the appropriate documentation. Failure to draw a site plan, or provide adequate directions to the property may delay the process of this permit/report.						
I hereby authorize Health Department of Northwest Michigan 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 District Sanitary Code for the county, and with the applicable laws of the State of Michigan.						

Phone #:

EH-54; 12/18

Signature of Owner:_



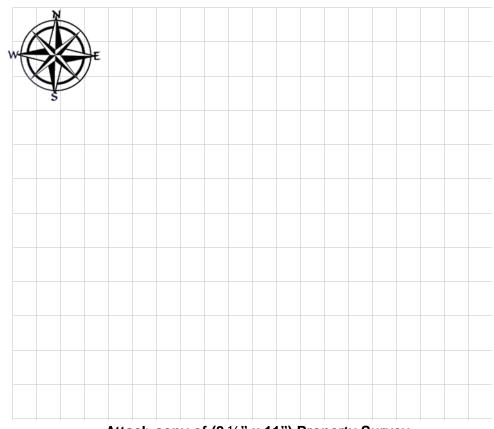
Directions to site: (include name of nearest crossroad/landmarks/neighboring house number)______

INCLUDE ON SKETCH (If Known):

1. Property lines/dimensions

- 2. Location of **ALL** buildings include distance to roads/landmarks
- 3. Well locations (proposed and/or existing) distance to septic/drain field
- 4. Neighboring well/septic system locations
- Septic tank and drainfield location(s) proposed and/or existing
- 6. Location(s) of streets/roads
- 7. Location(s) of body(ies) of water
- Location(s) of underground and above ground fuel storage tanks
- 9. Test hole locations
- 10. Indicate proposed additions/changes to existing buildings for remodeling
- 11. Attach existing and proposed floor plan for remodeling.
- Location of utilities; i.e. electric, gas, phone (call Miss Dig 811)

PLEASE COMPLETE A SITE PLAN SKETCH BELOW



Attach copy of (8 1/2" x 11") Property Survey

Office Locations

Antrim

209 Portage Dr. Bellaire, MI 49615 (231) 533-8670 Fax (231) 533-8450

Charlevoix

220 W. Garfield Charlevoix, MI 49720 (231) 547-6523 Fax (231) 547-6238

Emmet

3434 Harbor-Petoskey Rd., Suite A Harbor Springs, MI 49740 (231) 347-6014 Fax (231) 347-2861

Otsego

95 Livingston Blvd. Gaylord, MI 49735 (989) 732-1794 Fax (989) 732-3285

Date Received:	Amount Received:	Cash:	_Check:	CC #
Receipt #:				
☐ Mound Design/Review:				
Date Received:	Amount Received:	Cash:	_Check:	CC#
Receipt #:				