



2018 Application - Type II Noncommunity Public Water Supply Otsego County

- Type II Well - \$465 WSSN _____
- Conversion/Evaluation - \$250
- Change of Ownership/Name - \$25

FOR DEPARTMENT USE
Fee _____
Application # _____

Permits for the installation of well systems are required under Section 6-2 of the District Sanitary Code serving Antrim, Charlevoix, Emmet, And Otsego counties. It is unlawful to construct, repair, alter, or extend such systems until permit(s) are issued by this agency.

Property Information

County: _____

Property Tax ID# (MANDATORY): _____ Township: _____ Section#: _____

Address: _____ City: _____ Zip code: _____

Facility Information

Name of Facility: _____

Proposed/Existing Use: _____ License: Yes No Type: _____

Months of Operation: _____ Drain down all or a portion of the system: Yes No

Number of Employees: _____ Est. Number of people served each day: 25-50 50-100 100-500 500-1000 1000+

Wastewater: Municipal Sewage System Private (On-site) Sewage System

Owner/Contact Information

Owner Name: _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

Phone Number: _____ Email: _____

Contact / Certified Operator Name: _____

Phone Number: _____ Email: _____

Send Report to (if other than owner)

Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Phone Number: _____ Email: _____

Drilling Contractor (if applicable): _____ Phone Number: _____

Fixture Count: A completed fixture count is required to fully process this application. Failure to provide a completed fixture count worksheet will result in this application being considered administratively incomplete and will delay in the processing of this permit/report.

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.

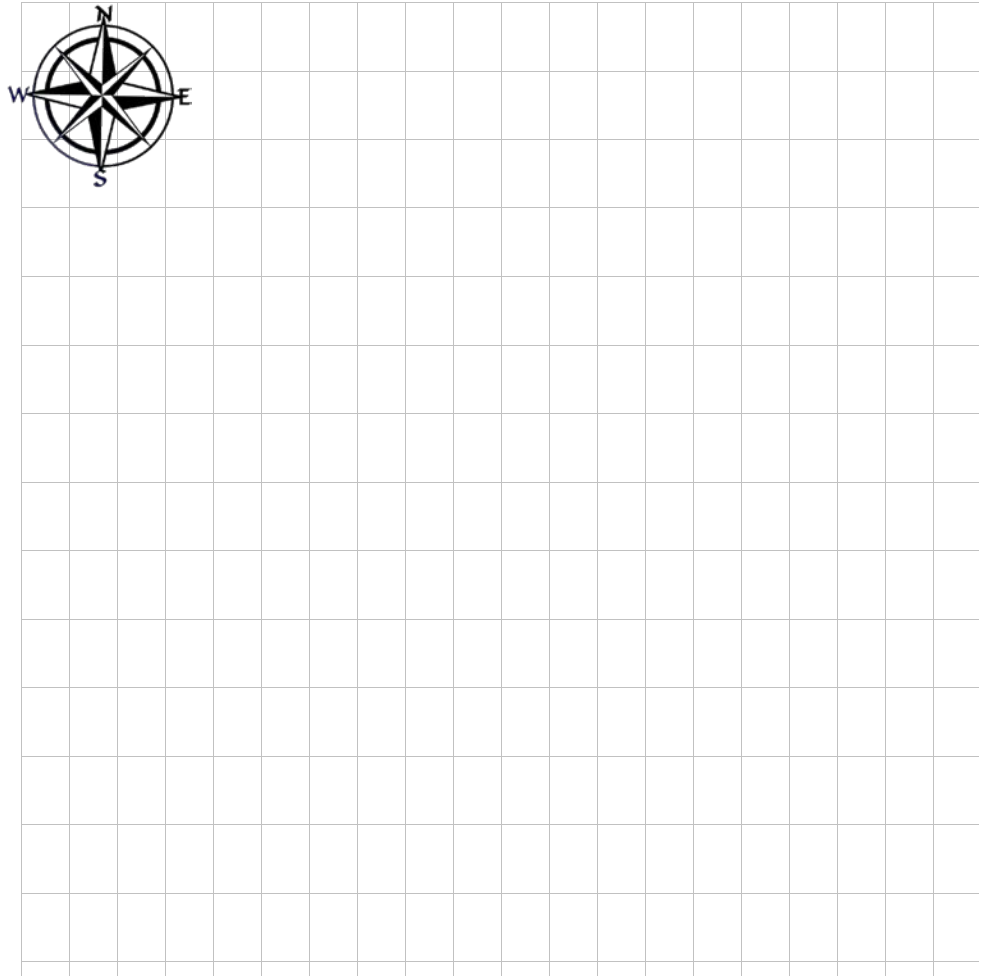
Signature of Owner: _____ **Phone #:** _____ **Date:** _____

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

INCLUDE ON SKETCH (If Known):

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 locations
5. Septic tank and drainfield location(s) - proposed and/or existing
6. Location(s) of streets/roads
7. Location(s) of body(ies) of water
8. 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.
12. 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

FOR HEALTH DEPARTMENT USE ONLY:

Date Received: _____ Amount Received: _____ Cash: _____ Check: _____ CC # _____
 Receipt #: _____