



HEALTH DEPARTMENT

of Northwest Michigan

Administrative Office
220 W. Garfield Ave.
Charlevoix, MI 49720
231 547 6523
231 547 6238 - fax

209 Portage Dr.
Bellaire, MI 49615
231 533 8670
231 533 8450 - fax

205 Grove St.
Mancelona, MI 49659
231 587 5052
231 587 5313 - fax

3434 M-119, Suite A
Harbor Springs, MI
49740
231 347 6014
231 347 2861 - fax

95 Livingston Blvd.
Gaylord, MI 49735
989 732 1794
989 732 3285 - fax

**Dental Clinics North
Administrative Office**
220 W. Garfield Ave.
Charlevoix, MI 49720
231 547 6523
231 547 6238 - fax

**Hospice of Northwest
Michigan**
220 W. Garfield Ave.
Charlevoix, MI 49720
800 551 4140
231 547 1164 - fax

**Northern Michigan
Regional Lab**
95 Livingston Blvd.
Suite D
Gaylord, MI 49735
989 732 1794
989 732 3285 - fax

February 5, 2018

RE: New Applications and Owner Signature Requirement

To Whom It May Concern,

The Health Department of Northwest Michigan (HDNW) has recently conducted a program review and has changed some of its documents, procedures and policies. Please be aware that there are new applications and that older applications will not be accepted and should be discarded.

Our new applications can be found at www.nwhealth.org or available at any of our branch offices. Be sure to review the new applications as there have been several changes.

OWNER SIGNATURE REQUIRED

The most significant change to the application process is that we cannot accept applications that are not signed by the owner of the property. This change resulted from a legal review of our application process and current Right-of-Entry and Inspection regulations. This may create some delay in processing an application, so be sure to have your clients sign applications for submittal if you are accustomed to filling them out on their behalf.

Front office staff have been instructed that these changes will be strictly enforced at the time of application.

If you have special circumstances or need to discuss this matter, contact me directly at 231-547-7651.

Respectfully,


Scott Kendzierski, REHS, MS
Director of Environmental Health Services

cc. HDNW County Environmental Health Staff





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 #: _____