

${\bf 2018~Application~-~Type~II~Noncommunity~Public~Water~Supply}\\ {\bf Antrim,~Charlevoix~and~Emmet~Counties}$

	SSN		R DEPARTMENT USE			
☐ Conversion/Evaluation - \$160						
☐ Change of Ownership/Name - \$25		Application	on #			
Permits for the installation of well systems are required un Antrim, Charlevoix, Emmet, And Otsego counties. It is unl	nder Section 6-2 of the District Sanitary Code serving awful to construct, repair, alter, or extend such systems un	til permit(s) are	issued by this agency.			
Property Information						
County:						
	Township:		Section#:			
Address:	City:		Zip code:			
Facility Information						
Name of Facility:						
Proposed/Existing Use:	License: 🗆 Yes 🗆 No Type:					
Months of Operation:	Ionths of Operation: Drain down all or a portion of the system: \square Yes \square No					
Number of Employees: Est. Number of people served each day: \(\sigma 25-50 \) \(\sigma 50-100 \) \(\sigma 100-500 \) \(\sigma 500-1000 \) \(\sigma 1000+						
Wastewater: ☐ Municipal Sewage System ☐						
musicinates — maniespar seriage system —	Thrace (on sice) semage system					
Owner/Contact Information						
Owner Name:						
	City:	State:	Zip code:			
	Fmail:					
	Email:					
Send Report to (if other than owner)						
Name:						
Address:		State:	Zin code:			
Phone Number:	Email:					
	Phone					
Fixture Count: A completed fixture count is red worksheet will result in this application being c permit/report.	quired to fully process this application. Failure onsidered administratively incomplete and will	-				
This department requires that the owner or his/her represend attach the appropriate documentation. Failure to draw						
I hereby authorize Health Department of Northwest Michig to conduct such tests as may be necessary in order to obta to comply with the requirements of the District Sanitary Co	in information required for this evaluation, and to conduct	inspections of p				
Signature of Owner:	Phone #:		Date:			

HEALTH DEPARTMENT of Northwest Michigan

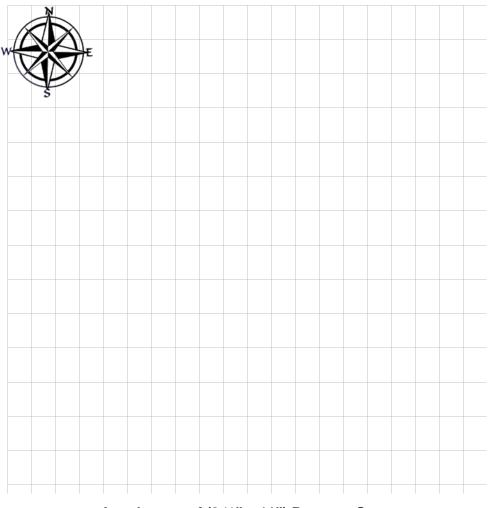
Application - Type II Noncommunity Public Water Supply

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
- 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
- Indicate proposed additions/changes to existing buildings for remodeling
- 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 #:							