

# Central Michigan District Health Department

## Application for Permit

Office Use Only	
Date _____	Receipt # _____
Fee _____	Comp. # _____
By _____	Permit # _____

TO CONSTRUCT: ☐ SEPTIC SYSTEM ☐ *New* ☐ *Replacement*

☐ COMMERCIAL SEPTIC ☐

☐ PRIVATE WATER SUPPLY ☐

☐ TYPE III WATER SUPPLY ☐

County	Twp/City	Section	Subdivision	Lot	Fraction	Town	Range
Property Tax ID #: _____	Owner's Name: _____						
Lot of Acreage Dimensions: _____	Mailing Address: _____						
Street Address: _____	Telephone: _____						
	Driver's License #: _____						
Email Address: _____	Date of Birth: _____						
Directions to Site: _____							

<b>Residential</b> No. of Bedrooms _____ Last Routine Tank Pumping _____ <input type="checkbox"/> New <input type="checkbox"/> Replacement Age of System _____ Proposed Basement Plumbing Fixtures <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Commercial</b> Drains _____ Lavatories _____ Stools _____ Showers _____ Sinks _____ Total Daily Flow _____	
Probable Cause of Replacement _____			
Proposed Contractors _____		Existing Well Information _____	
Proposed Well Driller _____		Depth _____ Well Driller _____	
Proposed Excavator _____		Year Installed _____ Well to be Abandoned <input type="checkbox"/> Yes <input type="checkbox"/> No	

Draw a sketch of proposed site plan (show buildings, driveway, lot lines, owner's wells and sewage systems, neighbor's wells and sewage systems and lake, stream, ditch, buried drains if applicable).

N ↑

I hereby affirm that information contained on this application is true to the best of my knowledge and that final approval must be given by the Health Officer before the system is covered or used. I further agree to have all underground utilities marked prior to any health department activity on my property and understand if I fail to do so, I will accept all liability &/or any penalties or fees associated with violations of Public Act 53 as amended.

Signature of Owner or Authorized Representative \_\_\_\_\_

To Arrange Inspections, Call:

Arenac (989) 846-6541 ext. 8110	Isabella (989) 773-5921 ext. 8436
Clare (989) 539-5092 ext. 8210	Osceola (231) 832-5532 ext. 8522
Gladwin (989) 539-5092 ext. 8311	Roscommon (989) 366-3607 ext. 8696