

Application # _____

Receipt # _____

Fee \$ _____

Construction Application

On-Site Sewage & Water Supply System

Dickinson-Iron District Health Department

Septic # _____

Well # _____

Mortgage _____

818 Pyle Drive, Kingsford, MI 49802 (906) 774-1868

1374 Commercial Ave., Crystal Falls, MI 49920 (906) 265-9913

1. Owner's Name & Current Mailing Address

Last Name _____ First Name _____ Phone # _____

Mailing Address Number _____ Street Name _____

City _____ State _____ Zip _____

Email Address: _____

2. Site Location Address:

Number _____ Street Name _____

City _____ State _____ Zip _____

Subdivision Name _____ Lot # _____

County _____ Township Name _____ 1/4 _____ 1/4, _____ Section Township ____ N Range ____ W

**PROVIDE DIRECTIONS TO THE SITE ON THE REVERSE SIDE OF THE APPLICATION, AS NEEDED.*

3. Water Supply System

System Use:

Single Family Residence Multi-Family Commercial Other (Explain)

Comments: _____

Reason For Application:

New Construction Repair/Replacement Hydraulic Fracturing Water Samples

Comments: _____

Construction Type:

Drilled Driven Point Water to service structure Hand pump only

Name of Well Driller: _____ Name of Pump Installer: _____

4. Sewage System

System Use:

Single Family Residence Multi-Family Commercial Establishment Other (Explain)

Other Considerations:

Number of Bedrooms _____ Garbage Disposal Whirlpool/Spa Other _____

Reason For Application:

Site Evaluation New Construction Replacement New/Increased/Existing Use Other(Explain)

Comments: _____

Construction Type:

Complete System Septic Tank Only Absorption System Only Privy Other _____

Property Size _____ Acres. Name Of Sewage Contractor: _____

By signing this document, I acknowledge that I have accurately completed this application to the best of my ability.

Applicant/Representative Signature: _____ Date _____

Directions To Property

Provide detailed directions to the property.



If needed, provide a map sketch below.

N

