

Public Health Delta & Menominee Counties

Request for Write-off Evaluation of Existing Sewage System

2920 College Avenue Escanaba, Michigan 49829 Ph:(906)786-9692 - Fax:(906)789-8147

www.phdm.org

909 Tenth Avenue Menominee, Michigan 49858 Ph:(906)863-4451 - Fax:(906)863-7142

	OWNER INFO	RMATION		
Name / Applicant		Phone #		
Mailing Address		City_	Sta	teZip
	PROPERTY DES	SCRIPTION		
Township Tow	vnN Range	W Section	n1/4	1/41/4
Tax ID #		Subdivision _	If applicable	Lot # If applicab
Property Address				
Driving Directions (from nearest intersect	ion)			
IN	FORMATION ON EX	ISTING SYST	EM	
Original Permit Holder	Yea	r Septic Installed	1	
Date of Last Tank Pumping	Number of Bedrooms Now		Projected Number of Bedrooms	
	APPLICANT INFO	ORMATION		
Signature	Date		Phone	
Mailing Address	(City		Zip
	PHDM USE	ONLY		
Observations				
			Site Sketch	
y issuing this write-off Public Health Delta & carrant or guarantee the existing sewage system not responsible should the sewage system fail or its intended purpose.	m for future use. Public He	alth		
Sewage System Write-off Granted: _	YES NO			
UNABLE TO DETERMINE	_ SEE OBSERVATION	\mathbf{S}		
nspected by	Date	_		