



Application for Local Health Department Approval of Parcels Less Than 1 Acre

Property Owner / Developer

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Property Description

County _____ Township _____ Tax ID# _____

Town _____ N, Range _____ W, Section _____ 1/4 _____ 1/4 _____ 1/4

Property Address _____

Type of Sanitary Facility

Water Supply (Rule 404-412)

Municipal On-site* (attachments required)

*Attach on-site information from test well or a minimum of 2 existing wells in vicinity.

- Water Quality (bacteria, chemical, arsenic, sample results)
- Well Yield (well records)
- Well Protection (well records)

Sewage Disposal (Rule 416-421)

Municipal On-site* (attachments required)

*Attach On-site Information:

- Site Sketch (scaled, indicate proposed development, property features, well & septic, surface water, flood plain, slope, soil boring locations)
- Suitable Absorption Area (initial & replacement)
- Soil Boring Locations (minimum 4 borings)
- Soil Profile Evaluation (minimum 6' depth)

Applicant's Information

The attached information was prepared for compliance with Act 288, P.A. 1967, and Administrative Rules (R560.401 to 560.428) applicable to land divisions less than one (1) acre.

Signature _____ Title _____
(Consultant) (Date)

Mailing Address: _____

Return Application to:

Public Health, Delta & Menominee Counties

909 Tenth Avenue Menominee, MI 49858 (906) 863-4451	OR	2920 College Avenue Escanaba, MI 49829 (906) 786-9692
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AGENCY USE ONLY

Fee Paid \$ _____ Receipt # _____ Date _____ Received by _____