



Application for On-Site Sewage Disposal System and Water Supply

Central Michigan District Health Department

Serving the counties of Arenac, Clare, Gladwin, Isabella, Osceola and Roscommon

The purpose of this program is to allow the Central Michigan District Health Department (CMDHD) to evaluate site conditions using applicable criteria. Determination will be made for compliance with the Sanitary Code, Land Division Act, Michigan Criteria for Subsurface Sewage Disposal, or the Groundwater Quality Control rules based on intended use. The evaluation of site conditions and permit issuance is intended to protect the public health and maintain a safe environment for residents.

Application to Construct: Residential Septic System, Commercial Septic System, Private Water Supply, Type III Commercial Water Supply. Includes checkboxes for NEW and REPLACEMENT, and fields for Number of Bedrooms and Gallons per Day.

Property Information: Property Tax ID #, County, Township, Section, Subdivision, Lot #, Town, Range, Property Address, City, Zip Code, Lot or Acreage Dimensions, and a section for lot split information.

Applicant Information: Name, Email, Driver's License Number, Date of Birth, Mailing Address, City, State, Zip Code, Home Phone, Cell/Work Phone, Fax.

Property Owner Information (if different than applicant): Name, Email, Mailing Address, City, State, Zip Code, Home Phone, Cell/Work Phone, Fax.

SEND PERMIT(S) TO: OWNER, APPLICANT. DELIVERY PREFERENCE: EMAIL, MAIL, FAX.

I hereby authorize Central Michigan District Health Department to access the above described property to determine its suitability for the development plans indicated, to conduct such tests as may be necessary in order to obtain information required for this evaluation, and to conduct inspections of permitted facilities.

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 the property and understand if I fail to do so, I will accept all liability and/or any penalties or fees associated with violations of Public Act 53 as amended.

COMPLETE DRAWING AND ADDITIONAL REQUIRED INFORMATION ON REVERSE.

Signature of Owner/Agent: Phone #: Date:

OFFICE LOCATIONS

- Arenac County: 3727 Deep River Rd. Standish, MI 48658. Phone: (989) 846-6541. FAX: (989) 846-0431.
Clare County: 815 N Clare Ave, Suite B Harrison, MI 48625. Phone: (989) 539-6731. FAX: (989) 539-4449.
Gladwin County: 103 N. Bowery Gladwin, MI 48624. Phone: (989) 426-9431. FAX: (989) 426-6952.
Isabella County: 2012 E. Preston St. Mt. Pleasant, MI 48858. Phone: (989) 773-5921. FAX: (989) 773-4319.
Osceola County: 4329 220th Avenue Reed City, MI 49677. Phone: (231) 832-5532. FAX: (231) 832-1020.
Roscommon County: 1015 Short Drive Prudenville, MI 48651. Phone: (989) 366-9166. FAX: (989) 366-8921.

Office Use Only: Date Received: Amount Received: Cash: Check: CC: Receipt Number:

