



# Central Michigan District Health Department

Serving: Arenac, Clare, Gladwin, Isabella, Osceola, and Roscommon Counties

## On-Site Well and Wastewater System Application

The purpose of the on-site well and wastewater programs is to allow the Central Michigan District Health Department (CMDHD) to evaluate site conditions or existing systems 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 or site compliance is intended to protect the public and environmental health and maintain a safe environment for residents. Any non-compliant conditions identified must be corrected in accordance with the Sanitary Code of the CMDHD adopted under authority of the Public Health Code, PA 368 of 1978 as amended, or other applicable rules and policies.

### APPLICATION INFORMATION

#### Site Type:

- ☐ Residential: Number of Bedrooms: \_\_\_\_\_
- ☐ Non-Residential: Submit Addendum to Sewage Permit Application for Non-Residential Use
- ☐ Other

#### Application Type:

##### New Permit(s)

- ☐ Wastewater System and Well
- ☐ Wastewater System Only
- ☐ Well Only
- ☐ Drinking water well
- ☐ Non-potable water well (i.e. irrigation well)

##### Replacement Permit(s):

- ☐ Septic Tank Only
- ☐ Full Wastewater System Permit
- ☐ Well Only
- ☐ Drinking water well
- ☐ Non-potable water well (i.e. irrigation well)

##### Evaluation of Existing System(s):

- ☐ Wastewater System and Well
- ☐ Wastewater System Only
- ☐ Well Only

##### ☐ Vacant Land Evaluation

##### ☐ Water Sample Only (describe):

\_\_\_\_\_

Comments: \_\_\_\_\_

### PROPERTY INFORMATION

County: \_\_\_\_\_

Street Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Lot Number (if Subdivision): \_\_\_\_\_

Subdivision (if applicable): \_\_\_\_\_

If less than 1 acre, was split or recorded date after

Lot Dimensions (if less than 1 acre): \_\_\_\_\_

July 28, 1997: ☐ Yes ☐ No

Township: \_\_\_\_\_

Directions to Site: \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## PROPERTY OWNER INFORMATION (IF DIFFERENT THAN APPLICANT)

Name: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

## OTHER INFORMATION

Proposed Septic Installer: \_\_\_\_\_ Proposed Well Installer: \_\_\_\_\_

## SEND RESULTS

To: ☐ Owner ☐ Applicant ☐ Other Via: ☐ Email ☐ Mail

*I hereby affirm that information contained on this application is true to the best of my knowledge. I hereby authorize CMDHD to access the above-described property to request the marking of public utilities, determine its suitability for the development plans indicated, to conduct such tests as may be necessary to obtain information required for this evaluation, to conduct inspections of soils and facilities, and to charge accordingly for services. If a site visit is made or permit is issued, no refunds will be authorized. I also agree to comply with the requirements of the Sanitary Code for the District, and with the applicable laws of the State of Michigan.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This department requires that the owner or his/her representative draw a site plan and directions to the property described above. Failure to provide a site plan or provide adequate directions to the property may delay the issuance of this permit/report. The property owner is responsible for verification of property lines.*

## SITE DRAWING

Include the following locations on sketch:

1. Property lines/dimensions
2. Existing and proposed buildings – include distance to roads/landmarks
3. Well locations (proposed and/or existing) and distance to septic tank and field
4. Neighboring wells and septic systems
5. Septic tank and drainfield locations (existing and proposed)
6. Streets/roads
7. Bodies of water
8. Under and above ground fuel storage tanks
9. Test hole locations
10. Indicate proposed additions/changes to buildings for remodeling
11. Attach existing and proposed floor plans for remodel and new buildings
12. **Private utility lines (i.e. electric, gas, phone, irrigation lines going to home, garage, barn, etc.)**



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

Send applications to:

Arenac County - CMDHD  
4489 W. M-61, Suite 3  
Standish, MI 48658  
PO Box: 734  
(989) 846-6541 EXT 3

Clare County - CMDHD  
815 N. Clare Ave., Suite B  
Harrison, MI 48625  
(989) 539-6731 EXT 3

Gladwin County - CMDHD  
103 N. Bowery  
Gladwin, MI 48624  
(989) 426-9431 EXT 3

Isabella County - CMDHD  
2012 E. Preston St.  
Mt. Pleasant, MI 48858  
(989) 773-5921 EXT 3

Osceola County - CMDHD  
22054 Professional Dr., Suite D  
Reed City, MI 49677  
(231) 832-5532 EXT 3

Roscommon County - CMDHD  
200 Grand Ave., Suite A  
Prudenville, MI 48651  
(989) 366-9166 EXT 3