



**Public Health, Delta & Menominee Counties**

Application for On-Site Sewage Treatment/Disposal System and/or Well Construction Permit

Permit # \_\_\_\_\_

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

www.phdm.org

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

- On-Site Sewage Treatment/Disposal System** \$ \_\_\_\_\_  New  Replacement  Vaulted Privy  Earthen Privy  Tank Only  
OSTDS Installer \_\_\_\_\_
- Well Construction** \$ \_\_\_\_\_  New  Replacement  Type III Well Driller \_\_\_\_\_

Property Owner	Home Phone Number ( )	Cell Phone Number ( )
Mailing Address	City/State/ZIP	
Property Address <input type="checkbox"/> (Check box if same as mailing address)	City/State/ZIP	
Legal Description of Property T. _____ N R. _____ W Section _____	¼    ¼    ¼	Township
Property Tax ID#	# of Bedrooms	# of Garbage Grinders
Directions		
<b>Applicant's Signature</b>	<b>Applicant's Phone Number</b>	<b>Date</b>

I have been provided with a copy of PHDM's On-Site Sewage Treatment/Disposal Process which includes site evaluation procedures and information.

Date \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_  Cash  Check# \_\_\_\_\_ Receipt# \_\_\_\_\_ Initials \_\_\_\_\_

**FOR OFFICE USE ONLY**

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