



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		
Applicant's Signature	Applicant's Phone Number	Date

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

phdm: rev 02/12:{299-1}



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