



APPLICATION: Residential/Commercial

Service Requested - Mark all that apply

<input type="checkbox"/> Well New	<input type="checkbox"/> Septic Replacement	<input type="checkbox"/> Type III Well	<input type="checkbox"/> Irrigation
<input type="checkbox"/> Well Replacement	<input type="checkbox"/> Septic Tank Only (replacement)	<input type="checkbox"/> Commercial Septic (> than 1,000 gpd)	<input type="checkbox"/> Irrigation (LQW)
<input type="checkbox"/> Septic New	<input type="checkbox"/> Vacant Land Evaluation	<input type="checkbox"/> Commercial Septic (< than 1,000 gpd)	

Property Information

Property Parcel #:	County:	Township:	
Street Address:	City:	State:	Zip:
Subdivision:	Lot #:	Section:	
Property Dimensions (if known):	or Acreage:	If less than 1 acre, did the land division occur after July 28, 1997? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Owner Information (current or prospective)

Name:	City:		
Mailing Address:	State:	Zip:	
Email:	Phone:	Fax:	
Preferred Delivery Method of Permit/Report:	<input type="checkbox"/> E-Mail	<input type="checkbox"/> Mail	<input type="checkbox"/> Will Pick Up <input type="checkbox"/> Fax

Contractor/Other Information:

Contractor/Other Name: Routleys Inc.	City: Big Rapids		
Mailing Address: 19925 12 Mile	State: MI	Zip: 49307	
Email: Routleysinc@gmail.com	Phone: 3493476	Fax:	
Preferred Delivery Method of Permit/Report:	<input checked="" type="checkbox"/> E-Mail	<input type="checkbox"/> Mail	<input type="checkbox"/> Will Pick Up <input type="checkbox"/> Fax

Residential Information (required)

Number of Bedrooms (include all lofts uses as bedrooms)	check one: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 more (#) _____	<input type="checkbox"/> N/A
Is there an existing septic system? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there or will there be a water softener installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, size of tank _____		
Is there an existing outhouse or privy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there or will there be a whirlpool or hot tub installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there or will there be a garbage disposal unit or grinder pump? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be basement plumbing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Will the well be used for commercial business use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any buried or above ground fuel tanks other than propane gas? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will or does the water well serve two or more homes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any existing wells on the property which have not been properly plugged as required by State law? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I, the property owner, or the owner's authorized representative (*duly empowered by the property owner with authority granted to me by him/her to officially act in place of, or on his/her behalf in the submission of this application.*) hereby grant to District Health Department #10 representatives' permission to access and enter the above-described parcel; to perform all necessary tests and inspections. All information provided in this application is accurate, true, and correct to the best of my knowledge. By signing below, I further agree to install, or cause to be installed, any hereafter permitted water supply system and/or sewage treatment facilities in accordance with specified permit conditions issued - including the regular requirements of District Health Department #10's Sanitary code, and where applicable with other state laws, rules, or regulations.

 Owner or Representative Signature

 Date

Note: a site plan and directions to the property are required. Please complete the back of this form and attach all appropriate documentation. IF INCOMPLETE, THE APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED.

OFFICE USE: Septic Permit # _____	Well Permit # _____	Date Received: _____
Provided to Client <input type="checkbox"/> Comm. Addendum	<input type="checkbox"/> Water Bottles	<input type="checkbox"/> Flags with Stakes/Ribbons
		Paid: _____

Directions to Property

Parcel #

*Please include map if property is difficult to find***Site Plan***Please include and show all of the following in the Site Plan Area drawing:*

- Prominent landmarks on or near the site (surface waters, fences, large trees, buildings, neighboring houses, etc.)
- Site or property boundaries
- Show location of buildings and driveway (proposed and existing)
- Show location of the proposed well and sewage treatment system and any existing well and or septic systems
- Show the location of all buried electrical, water, gas or fuel lines

*Please show as much **detail** as possible in the space below**Please indicate
NORTH***Site Plan Area Drawing****District Health Department #10 Offices****CRAWFORD COUNTY**

501 Norway Street, Ste #1
Grayling, MI 49738
(989) 348-7800

ehcrawfordcounty@dhd10.org**LAKE COUNTY**

5681 S. M-37
Baldwin, MI 49304
(231) 745-4663

ehlakecounty@dhd10.org**MASON COUNTY**

916 Diana Street
Ludington, MI 49431
(231) 845-7381

ehmasoncounty@dhd10.org**MISSAUKEE COUNTY**

6180 W. Sanborn Road, Ste #1
Lake City, MI 49651
(231) 839-7167

ehmissaukeecounty@dhd10.org**OCEANA COUNTY**

3986 N. Oceana Drive
Hart, MI 49420
(231) 873-2193

ehoceanacounty@dhd10.org**KALKASKA COUNTY**

625 Courthouse Drive
Kalkaska, MI 49646
(231) 258-8669

ehkalkaskacounty@dhd10.org**MANISTEE COUNTY**

385 Third Street
Manistee, MI 49660
(231) 723-3595

ehmanisteecounty@dhd10.org**MECOSTA COUNTY**

14485 Northland Drive
Big Rapids, MI 49307
(231) 592-0130

ehmecostacounty@dhd10.org**NEWAYGO COUNTY**

PO Box 850, 1049 Newell
Street White Cloud, MI 49349
(231) 689-7300

ehnewaygocounty@dhd10.org**WEXFORD COUNTY**

521 Cobb Street
Cadillac, MI 49601
(231) 775-9942

ehwexfordcounty@dhd10.org