



GRAND TRAVERSE COUNTY ENVIRONMENTAL HEALTH SEPTIC AND/OR WELL APPLICATION

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| <input type="checkbox"/> BOTH | <input type="checkbox"/> NEW CONSTRUCTION |
| <input type="checkbox"/> SEPTIC PERMIT | <input type="checkbox"/> REPLACE EXISTING |
| <input type="checkbox"/> WELL PERMIT | <input type="checkbox"/> NON-FAILURE |
| | <input type="checkbox"/> FAILURE (slow drainage, ponding, back-up, etc.) |

PROPERTY ADDRESS: _____ TAX ID: _____

CITY: _____ ZIP: _____ TOWNSHIP: _____ SECTION: _____

SUBDIVISION: _____ LOT #: _____

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	TYPE OF FACILITY: _____
BEDROOMS: _____	MAX EMPLOYEES/DAY: _____	MAX PEOPLE SERVED PER DAY: _____
BATHROOMS: _____	BATHROOMS: _____	BUILDING SQUARE FOOTAGE: _____

GARBAGE DISPOSAL:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	GEOTHERMAL:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DISHWASHER:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	FUEL OIL TANKS:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LAUNDRY:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WATER SOFTENER:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
BASEMENT PLUMBING:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WALKOUT BASEMENT:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SEWAGE EJECTOR:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WHIRPOOL/HOT TUB:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HVAC HUMIDIFIER:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SHARED WELL:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
OLD WELL TO BE RETAINED FOR USE (requires health department approval) :	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A

OTHER: _____

OWNER NAME: _____ PHONE: _____

ADDRESS: _____

APPLICANT NAME (if other than owner): _____ PHONE: _____

ADDRESS: _____

ALL APPLICATIONS MUST BE ACCOMPANIED BY AN ACCURATE SITE PLAN. PLEASE PROVIDE ADDITIONAL SHEETS AS NECESSARY OR YOU MAY USE THE BACK OF THIS PAGE TO DRAW A DIAGRAM. PLEASE INCLUDE STRUCTURE(S), DRIVEWAY, ROAD NAMES AND DIRECTION, EXISTING AND/OR PROPOSED WELL AND SEPTIC LOCATIONS.

I hereby authorize Grand Traverse County Health Department to evaluate the above described property to determine its suitability for the development plans indicated, and to conduct such tests as may be necessary in order to obtain the information required for this evaluation. I also agree to comply with the Environmental Health Regulations for Grand Traverse County, and with the applicable laws of the State of Michigan.

SIGNATURE (owner or agent) _____ DATE: _____