

LENAWEE COUNTY HEALTH DEPARTMENT
Environmental Health Division
 Well and/or Sewage Disposal Construction Permit Application

Flags: ___ Date Flags Up? _____
 MIS DIG Reminder: _____
 Pickup/Mail: _____

Application Date: _____
 Applicant's Name: _____
 Owner's Name: _____
 Owner Phone #: _____
 Property Tax ID #: _____
 Township: _____ Section #: _____
 Address: _____
 City: _____ Zip: _____
 Acreage: _____ If new build less than 1 acre, date of split: _____
 Subdivision (if applicable): _____
 Lot Number (if applicable): _____
 Number of Bedrooms: _____

Services Requested

Residential Non-Residential
 Single family Home - Owner occupied? Y or N
 Multi-family

Water Supply:

New Replacement Irrigation Site Eval
>70gpm Y or N Registered? Y or N

Well Driller: _____

Sewage Disposal:

New Replacement Site Eval Septic Tank Only
 Backhoe required: YES NO

Sewage Contractor: _____

Property Served By:

- Municipal Sewer
 Municipal Water
 Public Water Supply: Type I II III

I hereby make application in good faith for a well and/or onsite sewage disposal system. I give or have secured permission for the Lenawee County Health Department to enter the property referenced in this application for the purpose of making an onsite evaluation to determine the suitability of said parcel for construction of an onsite sewage disposal system and/or water supply, I understand that I must contact the local building inspector to determine if this property is properly zoned for my intended use.

Signature: _____ Address: _____ Street _____ City, ST ZIP _____

E-mail: _____ Phone: () _____ Cell Phone () _____

Applicant wishes to be present for the onsite evaluation: Yes No

HEALTH DEPARTMENT USE

Onsite Fee	Receipt #	Date	By
Both \$			
Well \$			
Septic \$			
Site Evaluation\$			
Sub Visit \$			

Onsite Evaluation Date: _____

By: _____ Subsequent Visit: _____

Application Status

Withheld: _____ Date: _____
 Pending: _____ Date: _____

Reason: _____

Permit Fee	Receipt #	Date	By
Both \$			
Well \$			
Septic \$			
Red Tag \$			
Renew \$			

Test Well approval: _____ Date: _____

Test Well No _____ Date issued: _____

Approved: _____ Date: _____

MULTIPLE INSPECTIONS

Issued By: _____ Date: _____

Permit #: _____ Expires: _____

A. Please provide the following information on your Site Plan with measurements (in feet) between proposed & existing water supply and sewage disposal systems:

- PROPERTY LINES - show the dimensions (in feet) & configuration of the lot, i.e., square, rectangular, or polygon;
- PROPOSED OR EXISTING BUILDING STRUCTURES, such as homes, businesses, garages, barns, outbuildings, etc.;
- PROPOSED OR EXISTING WATER SUPPLY AND WATER LINES;
- PROPOSED OR EXISTING ONSITE SEWAGE DISPOSAL SYSTEMS – component parts can include storage devices such as:
 - septic tanks
 - holding tanks
 - grease traps
 - sewage pump chambers
 - drainfields and/or dry wells

Y NA

- PROPOSED OR EXISTING MUNICIPAL SEWER SYSTEM – An “AS BUILT” plan is required for application submission (obtainable from the Lenawee County Drain Commission 264-4698)
 - sewer mains
 - sewer service taps
 - sewer line connecting the building to the tap & construction materials if known
 - grinder tank
 - sewage pump chambers;

- NEIGHBORING LOTS - show the following items that will be located (in feet) within 150 ft. of your proposed system(s):
 - wells
 - fuel storage (above & below ground)
 - sewage disposal system(s)
 - sewer lines with taps & mains
 - fertilizer storage
 - animal barn
 - county drains
 - vacant lot/field
 - other

Y N

- UNDERGROUND UTILITIES INCLUDING EASEMENTS (MISS DIG must be called to mark your property before we will perform our evaluation) – this includes, but is not limited to, buried gas lines, electrical lines, phone cables, TV cables, fiber optic cables, etc.

NO HOLES MAY BE DUG OR DRILLED ON YOUR PROPERTY UNLESS MISS DIG HAS BEEN CALLED (1-800-482-7171) THREE (3) OR MORE WORKING DAYS BEFORE DIGGING OR DRILLING;

B. Submit application & payment to the Lenawee County Health Department.

C. Property must be marked/flagged prior to the onsite, identifying the location of your proposed or existing water supply and sewage disposal systems. We cannot complete your onsite unless systems are marked (i.e., flags, posts). If not marked, a sub-visit fee will be assessed for our staff to return to the property.

SITE PLAN

Initials _____

Date _____

PROPERTY NUMBER: _____

Street Address: _____

Please use preceding checklist to draw your Site Plan below:

Lenawee County Health Department / Environmental Health Division
On-Site Evaluation Form

Applicant's Name: _____ Property No.: _____

Type Review:
 _____ Well
 _____ Septic
 _____ Both

Soil Boring Data

Depth	Hole #1
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Soil Boring Data

Depth	Hole #2
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Soil Boring Data

Depth	Hole #3
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Depth	Hole #4
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Depth	Hole #5
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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Seasonal High Water Table: _____

Code Deviation: Well Y or N

Sewage Y or N

Comments:

() SUITABLE SANITARIAN: _____ DATE: _____

() LIMITED REASON: _____

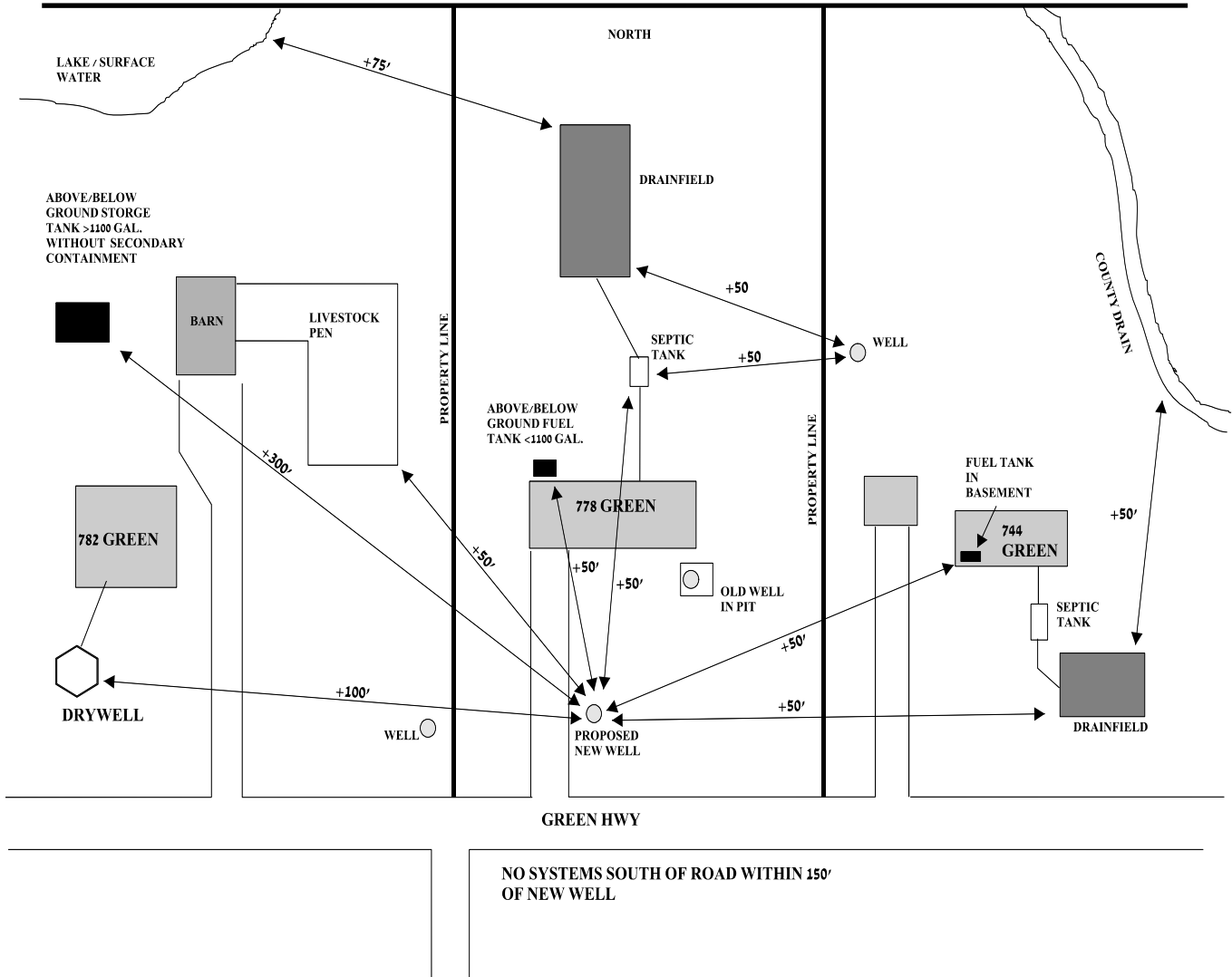
() UNSUITABLE REASON: _____

SAMPLE SITE PLAN

Property Number: SAMPLE

Street Address: _____

Please use preceding checklist to draw your Site Plan below:



SAMPLE WITH SEWER TAP SITE PLAN

Property Number: SAMPLE

Street Address: _____

Please use preceding checklist to draw your Site Plan below:

