

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: _____
 Property Served By:
 Municipal Sewer
 Municipal Water
 Public Water Supply: Type I II III

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: _____

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: _____

E-mail: _____ Phone: () _____ Street City, ST ZIP
 Cell Phone () _____

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

***OWNER MAILING ADDRESS: _____

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: _____

Property Number _____

Applicant Initials _____

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 and line from house to tank
- holding tanks and lines
- grease traps
- sewage pump chambers
- drainfields and/or dry wells and lines from field to tank

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

Applicant Initials _____

Date _____

PROPERTY NUMBER: _____

Street Address: _____

Please use preceding checklist to draw your Site Plan below:

TO BE FILLED OUT BY PROPERTY OWNER

*If you are applying for a **replacement septic tank or drainfield** the homeowner must also fill out the following form titled "Replacement Septic Survey".

*If you are applying for a **replacement well** the homeowner must also fill out the following form titled "Abandoned Well Response Form".

TO BE FILLED OUT BY PROPERTY OWNER
REPLACEMENT SEPTIC SYSTEM

Property Number: _____

Date: _____

1) Is your structure currently occupied? Yes No

2) Check the box that best represents how your building is used.

- Single Family Residence
- Duplex
- Multi-family Dwelling
- Day Care Center
- Foster Care Facility
- Non-Residential - Describe the use: _____

3) Excluding the most recent thirty (30) day period - has your septic tank been pumped to remove solids within the last three (3) years?

Yes No

b.) If your answer was yes and you have pumped the tank more than once, please check the box which best describes the length of time between periodic pumping of your septic tank.

- | | | | |
|----------------------------------|------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> monthly | <input type="checkbox"/> quarterly | <input type="checkbox"/> yearly | |
| <input type="checkbox"/> 2 yrs | <input type="checkbox"/> 3 yrs | <input type="checkbox"/> 5 yrs | |
| <input type="checkbox"/> 7 yrs | <input type="checkbox"/> 10 yrs | <input type="checkbox"/> 15 yrs | <input type="checkbox"/> 20 yrs |

4) Approximately what year was your sewage system installed? _____

5) Gallon storage capacity of the septic tank? _____

6.) Please answer the following:

- Yes No A sewage system serves this property.
- Yes No The sewage system serving this property discharges to the ground surface, farm field tile line, ditch or surface water.
- Yes No Sewage drains slowly from and/or backs up into the structure
- Yes No The sewage system serving this property is operating properly.

7) Do any of the following discharge liquids into any part of your sewage system?

- | | | | |
|----------------|--|----------------|--|
| Water Softener | <input type="checkbox"/> yes <input type="checkbox"/> no | Sump Pump | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Downspouts | <input type="checkbox"/> yes <input type="checkbox"/> no | Footing Drains | <input type="checkbox"/> yes <input type="checkbox"/> no |

If you answered yes to any of the above items in Question 7, these are in violation of the Lenawee County Environmental Code and these items must be disconnected from your septic system. By signing below, you are stating that you will bring these items into compliance with the Environmental Health Code.

Homeowner Signature: _____ Date: _____

REPLACEMENT WELL
Abandoned Well Response Form
(to be filled out by the well owner)

Name: _____

Daytime Phone: _____

Address _____

*****ATTENTION OWNER*** - If you, the owner, do not live at the above referenced property, a licensed well driller must be hired to plug the old well.**

Status of my existing well:

- I PLAN TO HIRE A WELL DRILLING CONTRACTOR TO PLUG THE WELL.
- I PLAN TO PLUG THE WELL MYSELF - I WILL NOTIFY YOUR DEPARTMENT BEFORE I PROCEED AND WILL SUBMIT AN ABANDONED WELL PLUGGING RECORD AFTER I COMPLETE THE WORK.

The well will be plugged by: _____
(Company or Person)

By this date: _____
(Date)

I have chosen not to abandon my well. I will meet the requirements of the Groundwater Quality Control Rules in the following manner:

- KEEP WELL ACTIVE

I affirm that the existing well is in operational condition at this time, and that there are no plumbing connections (cross connections) between the piping serving the existing well and the piping system serving the structure now connected to the new well.

- RETAIN IN "TEMPORARY ABANDONED" STATUS

I have taken the existing well out of service at this time, and wish to retain it for use in the future. I affirm that the well complies with current State of Michigan well construction standards, is properly isolated from potential sources of contamination (i.e., sewage systems, sewer lines, underground tanks, etc.), is disconnected from all distribution piping, and has the top of the casing securely capped with a threaded, welded, or solvent welded, watertight cap to prevent entrance of surface water or foreign materials into the well.

I understand that by not plugging the well, I am assuming responsibility for proper maintenance of the well to prevent ground water contamination and prevent it from becoming a physical safety hazard. If I sell my property, it is my obligation to disclose the presence of the well, pursuant to the Seller Disclosure Act, PA 92 of 1993.

If not plugged, it must be verified that the condition of the well does not pose a health or physical threat to the public. This is done by physically examining the well itself.

- IN THE EVENT THAT I AM NOT HOME, I GIVE PERMISSION FOR A LENAWEE COUNTY HEALTH DEPARTMENT REPRESENTATIVE TO ENTER ONTO MY PROPERTY FOR THE SOLE PURPOSE OF VERIFYING MY WELL STATUS AND CONDITION.
- A HEALTH DEPARTMENT REPRESENTATIVE MAY NOT CHECK THE STATUS OF MY WELL IN THE EVENT THAT I AM NOT HOME.

Signature _____

Date _____

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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Seasonal High Water Table: _____

Code Deviation: Well Y or N
 Sewage Y or N

Comments:

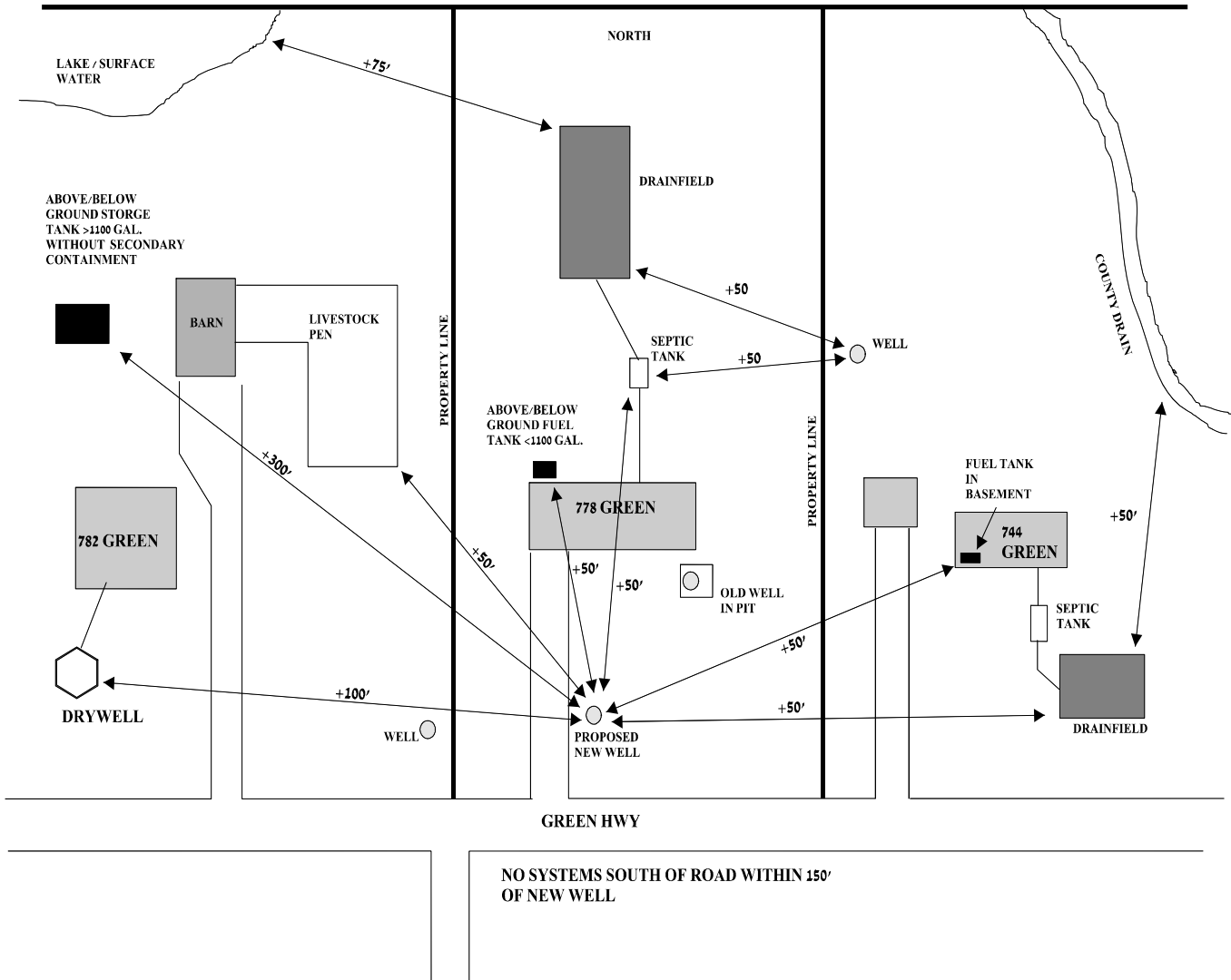
() SUITABLE SANITARIAN: _____ DATE: _____
 () LIMITED REASON: _____
 () UNSUITABLE REASON: _____

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:

