

**HURON COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH DIVISION  
1142 South Van Dyke, Bad Axe, MI 48413  
989-269-9721**

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**DIRECTIONS TO FOLLOW WHEN APPLYING TO USE AN EXISTING SEWAGE DISPOSAL PERMIT AND/OR WATER SUPPLY PERMIT:**

1. Complete the appropriate section(s) on the attached application. The application will not be processed until the fee is paid and the application is properly completed. Applications cannot be faxed.
2. Make sure the directions to the property are clear. Use distances from nearest crossroad, landmarks, neighbor's addresses, etc. to identify the location of the property.
3. The Property Identification Number from the property tax statement **MUST be provided before the application can be processed.** (This number is also available from the Tax Mapping Office in the County Building).
4. **Provide accurate, dimensional, before and after site and floor plans (see back of application form). The plans must show the location of the well and sewage system.**
5. The application must be signed by the applicant and dated.
6. Allow a minimum of one (1) week for our department to respond to your application and send you the results.

**PROCEDURES AFTER COMPLETION OF THE APPLICATION:**

1. Return the following to the Health Department:
  - a. Properly completed application form with plans. Feel free to keep a copy for your file.
  - b. The fee of **\$189.00 MUST** be submitted with the application. **\*\*This fee is in effect from October 1, 2011 Thru September 30, 2012.\*\***
2. For evaluation of an existing sewage system, do the following:
  - a. Septic Tank – uncover the tank lid and have it loosened for removal.
  - b. Disposal Field – uncover the corners of the drain field disposal pipe if permit with drawing is not available.
  - c. Identify the location of the well.

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**APPLICATION TO USE AN EXISTING WATER SUPPLY AND/OR SEWAGE SYSTEM**

Property Address: \_\_\_\_\_ Township: \_\_\_\_\_ Section # \_\_\_\_\_

Location of Property: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot # \_\_\_\_\_ Property ID # \_\_\_\_\_

Property Size: Road Frontage: \_\_\_\_\_ Depth: \_\_\_\_\_ Acres: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Ph #: \_\_\_\_\_ Work #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Ph #: \_\_\_\_\_ Work #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Dwelling Information**

Type of Project: Replacement Dwelling: \_\_\_\_\_ Addition: \_\_\_\_\_ Other (explain): \_\_\_\_\_

Existing: # of Bedrooms: \_\_\_\_\_ Spa Tub: Yes \_\_\_\_\_ No \_\_\_\_\_ Laundry: Yes \_\_\_\_\_ No \_\_\_\_\_ Square Footage: \_\_\_\_\_

Proposed: # of Bedrooms: \_\_\_\_\_ Spa Tub: Yes \_\_\_\_\_ No \_\_\_\_\_ Laundry: Yes \_\_\_\_\_ No \_\_\_\_\_ Square Footage: \_\_\_\_\_

List any other rooms being added: \_\_\_\_\_

**Sewage System Information**

1. Permit for System: Yes \_\_\_\_\_ No \_\_\_\_\_
2. Permit #: \_\_\_\_\_ Year Installed: \_\_\_\_\_
3. Permit Issued To: \_\_\_\_\_
4. Name of Installer: \_\_\_\_\_

**Water Supply Information**

1. Permit for System: Yes \_\_\_\_\_ No \_\_\_\_\_
2. Permit #: \_\_\_\_\_ Year Installed: \_\_\_\_\_
3. Permit Issued To: \_\_\_\_\_
4. Name of Installer: \_\_\_\_\_
5. Type of Well: \_\_\_\_\_

I state the above information is accurate including site plans (see direction sheet and back of form).

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**THIS AREA FOR HEALTH DEPARTMENT USE ONLY**

Acceptable: Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

Sanitarian: \_\_\_\_\_

Date: \_\_\_\_\_

Date Rec. \_\_\_\_\_ Receipt # \_\_\_\_\_ Amt. Rec. \_\_\_\_\_ CMHC # \_\_\_\_\_

Existing Floor/Site Plan



**N**

Proposed Floor/Site Plan



**N**

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Sanitarian's Notes: