

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

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 **\$224.00** **MUST** be submitted with the application.
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: _____ Zip Code: _____

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: _____

Email Address: _____

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 # _____
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Existing Floor/Site Plan



Proposed Floor/Site Plan



Sanitarian's Notes: