## 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 SYSTEM AND/OR WATER SUPPLY SYSTEM:

- 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.
- The Property Identification Number from the property tax statement <u>MUST be provided before</u> the application can be processed. (This number is also available from the Tax Mapping Office in the County Building).
- 4. <u>Provide accurate, dimensional, before and after site/floor plans (see back of application form). The plans must show the location of the well and sewage system.</u>
- 5. The application must be signed by the applicant and dated.
- 6. Allow a **minimum** of two weeks for our department to respond to your application and send you the results.

#### PROCEDURES AFTER COMPLETION OF THE APPLICATION:

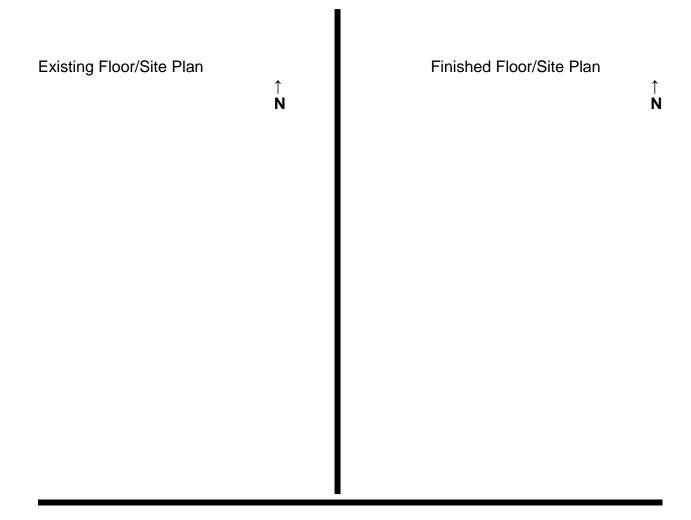
- 1. Return the following to the Health Department:
  - a. Properly completed application form with plan/system copies. Feel free to keep a copy for vour file.
  - b. The fee of \$232.00 MUST be submitted with the application.
- 2. For evaluation of an existing sewage system, do the following:
  - a. Septic Tank uncover the tank lid and have it loosened for removal/pumped if no permit available.
  - 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 IS VALID FOR ONE YEAR FROM DATE OF PAYMENT

APPLICATION FOR APPROVAL: SEV	NAGE SYSTEM WA	TER SYSTEM	вотн	
Property Address:		Zip Code:		
Township: Sec	tion # Property ID#			
Subdivision:	_ Lot #			
Directions to Property:				
Property Size: Road Frontage: [	Depth: Acres:	Residential	Commercial	
Owner's Name:	Ph #:	Work	< #:	
Mailing Address:	City:	State:_	Zip:	
Applicant's Name: Mailing Address:	Ph #:	Wor	k #:	
Mailing Address:	City:	State:_	Zip:	
Email Address:				
	Dwelling Information			
Type of Project: Replacement Dwelling:	Addition: Other (e:	kplain):		
Existing # of Bedrooms: Spa Tub: Yes_	-			
Bedrooms being added: Yes No				
Proposed Spa Tub: Yes No Laundry				
Project Description:				
Sewage System Information		Water Supply Information		
4. Danneit fan Custana, Mas	1. Permit for S	System/Log: Yes	No	
1. Permit for System: Yes No	0 D'	O. Barrait III		
Permit #: Year Installed:  Permit Issued To:	O D :: I	o p		
4 Name of Installar				
4. Name of Installer:				
I state the above information is accurate inclu				
		<del></del>		
Applicant's Signature Date		9		
	LID FOR ONE YEAR FROM OR HEALTH DEPARTMEN		CE	
Sanitarian:	Date	:		
Date Rec Receipt #	Amt. Rec	Check #		



Sanitarian's Notes: