CALHOUN COUNTY

Public Health Department

190 E Michigan Ave
Battle Creek, MI 49014

calhouncountymi.gov/publichealth
269-969-6370

APPLICATION FOR SERVICE

Onsite Well/Sewage Treatment System will serve/be used for (*check one*):

☒ Single Family Dwelling ☐ Duplex/Multi-Family Dwelling ☐ Other ________________

Service Requested:

☐ New Septic ☐ Septic Tank Only ☐ New Well ☐ Irrigation Well

☐ Replacement Septic ☐ Commercial Septic ☐ Replacement Well ☐ Irrigation Well(LQW)

☐ Site Evaluation ☐ Type II ☐ Type III Well

Property Information:

Parcel / Tax ID # ________________________ Lot Size/Dimension ________________________

Street Address ________________________ Subdivision & Lot # ________________________

City, State, Zip ________________________ City/Village/Township

Section # ______________ ______________________

Directions to Property ____

____

Person Meeting Inspector:

Name ________________________________ Phone ________________________________

Owner Information:

Name ________________________________ Phone ________________________________

Street Address ____

City. State, Zip ____

Send Permit to:

☐ Mail to Above Address ☐ Fax ________________________________

☐ Mail to Alternate Address ☒ Email stewarteric6@outlook.

Name ________________________________

Street Address ______________________

City, State, Zip ______________________

I, the property owner, or the owner's authorized representative hereby grant to Calhoun County Public Health Department's representatives' permission to access and enter the above described parcel; to perform all necessary tests and inspections. All information provided in this application is accurate, true and correct to the best of my knowledge. By signing below, I further agree to install, or cause to be installed, any hereafter permitted water supply system and/or sewage treatment facilities in accordance with specified permit conditions issued - including the regular requirements of Calhoun County Public Health Department's Sanitary code; and where applicable with other state laws, rules or regulations. Additionally, I will contact MISSDIG to have the utilities marked.

______________________________________ ____________________

Owner or Representative Signature *Date*

Note: A site plan and directions to the property are required. Please complete the back of this form and attach all appropriate documentation. *If incomplete, the application will not be processed and will be returned.* A backhoe is required to be on-site for new and replacement septic permit appointments.

FOR HEALTH DEPARTMENT USE:

Paid: ☐CC ☐Cash ☐Check Receipt #_________ Who Paid _________________ Date Paid _______

Sanitarian ___________________ Scheduled Appointment________________________

Residential Information:

Number of Bedrooms ___________________

Connected to Municipal: ☐ Water ☐ Sewer ☐ No

Is there an existing outhouse or privy?	☐ Yes	☐ No
Is there, or will there be, a water softener/treatment installed?	☐ Yes	☐ No
Is there, or will there be, a garbage disposal unit or a grinder pump installed?	☐ Yes	☐ No
Is there, or will there be, a whirlpool or hot tub installed?	☐ Yes	☐ No
Are there any buried or above ground fuel tanks other than propane gas?	☐ Yes	☐ No
Is there, or will there, be basement plumbing?	☐ Yes	☐ No
Does or will the water well serve two or more homes?	☐ Yes	☐ No
Will the well/septic be used for commercial business use?	☐ Yes	☐ No

Proposed Site Development Plan

Scale: _____=_________

Show all applicable features:

Road	Drive	Egress Windows	Geothermal System	House
Fuel Oil Tank	Water Well	Septic System (If existing)	Garage	Property Dimensions

- Prominent landmarks on or near site (i.e. fences, surface waters, neighboring houses)
- Site or property boundaries
- Show location of buildings and driveway(s) (proposed and existing)
- Show location of the proposed well and sewage treatment system and any existing well or septic systems