

Flags: _____
P/M: _____

**Lenawee County Health Department / Environmental Health Division
Well and/or Sewage Disposal Construction Permit Application**

Applicant's Name: _____
 Owner's Name: _____
 Property Number: _____
 Township: _____ Section #: _____
 Subdivision: _____
 Lot Number (NA = None): _____
 Address: _____
 City: _____ Zip Code: _____
 Application Date: _____
 Number of Acres: _____

Applied: () Well () Septic () Both
 () Replacement or () New
 Sewage: () Residential () Bedroom(s)
 () Non-Residential - Explain Use _____
 Backhoe required: () YES () NO
 Sewage Contractor Name: _____
 Water: () Use for Single family Home - Owner occupied? ____
 () Multi-family
 () Public - Type: () I () II () III
 Driller's Name: _____

BUSINESS OFFICE USE

Onsite Fee	Receipt #	Date	By
Both \$			
Well \$			
Septic \$			
Sub Visit \$			

Permit Fee	Receipt #	Date	By
Both \$			
Well \$			
Septic \$			
Red Tag \$			
Renew \$			
Renew \$			

ENVIRONMENTAL HEALTH USE

On-Site Evaluation Date: _____
 By: _____ Subsequent Visits: _____
 Application Status:
 () Denied By: _____ Date: _____
 () Pending By: _____ Date: _____
 Reason: _____
 () Test Well approval By: _____ Date: _____
 Test Well No _____ Date issued: _____
 () Approved By: _____ Date: _____
 () Multiple Inspections
 () Issued By: _____ Date: _____
 Permit #: _____ Expires: _____

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, or to investigate health and/or environmental hazards and to issue public health orders to abate same. I also understand that I have the right to appeal the decisions of the Lenawee County Health Department Sanitarian by contacting the Environmental Health Supervisor for an in field review of the facts of the evaluation. I understand that I must contact the local building inspector to determine if this property is properly zoned for my intended use.

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

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

Lenawee County Health Department / Environmental Health Division
On-Site Evaluation Form

Applicant's Name: _____ Property No.: _____

Type Review: _____ Is there a problem history with: _____

Well
 Septic
 Both

Sewage Disposal? YES NO
 Water Quantity? YES NO
 Water Quality? YES NO

Area's Major Soil Type: _____

<u>Soil Boring Data</u>		<u>Soil Boring Locations</u>	<u>Soil Boring Data</u>	
Depth	Hole #1		Depth	Hole #3
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____

Depth	Hole #2		Depth	Hole #4
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____

=====

Seasonal High Water Table: _____

Code Deviation YES NO: Well () Sewage ()

Comments: _____

=====

() SUITABLE SANITARIAN: _____ DATE: _____

() LIMITED REASON: _____

() UNSUITABLE REASON: _____

SITE PLAN

Proposed Construction Site PROPERTY NUMBER: _____ TOWNSHIP: _____

Property Owner(s) Name on Permit Application: _____

Draw and show the location of the following facilities for the property referenced above and neighboring lots where buildings are located within 150 feet of your property lines (same side of road):

- Lot lines with dimensions Proposed or existing building structures Proposed or existing wells and water lines
- Proposed or existing onsite sewage disposal systems (septic tank, drainfield, dry well, etc.)
- Proposed or existing municipal sewer system (sewer tap, main, line, and storage tank, etc.)
- Fuel Oil/Storage tanks (above/below ground or in basement) Gasoline tanks (above/below ground)
- Underground utilities including easements County drains and drain easements Animal/poultry yards
- Agricultural/chemical fertilizer storage or preparation areas

I hereby submit this site plan with the understanding that the information I have provided will be used to properly locate the well and/or onsite sewage disposal systems on this property. I have supplied the information requested above and vouch for the accuracy and completeness of the information provided.

Signature

Street Address

City

State

Zip Code

Area Code & Phone Number

PROCEDURES FOR SUBMITTAL OF SITE PLAN

YOU HAVE BEEN GIVEN A SITE PLAN TO COMPLETE AS PART OF YOUR APPLICATION. CHECK AND MAKE SURE YOU HAVE SHOWN THE LOCATION OF THE FOLLOWING FACILITIES ON YOUR DRAWING:

1. PROPERTY LINES (show the dimensions in feet & configuration the lot ex. square, rectangle, or polygon);
2. PROPOSED or EXISTING BUILDING STRUCTURES such as homes, businesses, garages, barns, outbuildings, etc.;
3. PROPOSED or EXISTING WELLS, CISTERNS, AND WATER LINES;
4. PROPOSED or EXISTING ONSITE SEWAGE DISPOSAL SYSTEMS – component parts can include storage devices such as: septic tanks, holding tanks, grease traps, and sewage pump chambers; disposal facilities usually include drainfields and/or dry wells – IT IS IMPORTANT TO IDENTIFY EACH COMPONENT OF THE SEWAGE SYSTEM ON YOUR DRAWING;
5. PROPOSED or EXISTING MUNICIPAL SEWER SYSTEM – component parts usually consist of sewer mains, sewer service taps where the connection is made into the system and sewer line connecting the building to the tap – sewage pump chambers and sewage treatment plants may need to be included on your drawing;
6. STORAGE TANKS – include below ground tanks, above ground tanks or tanks located in basements – show with associated piping (may include but are not limited to those used for storage of substances such as heating fuel, kerosene, gasoline, diesel fuel, oil, pesticides, fertilizers or other chemicals);
7. UNDERGROUND UTILITIES INCLUDING EASEMENTS – this includes, but is not limited to, buried gas lines, electrical lines, phone cables, TV cables, fiber optic cables, etc.;
8. COUNTY DRAINS AND DRAIN EASEMENTS, FIELDS UNDER CULTIVATION AND ANIMAL/POULTRY YARDS; and
9. AGRICULTURAL CHEMICAL/FERTILIZER STORAGE OR PREPARATION AREAS.

AFTER YOU HAVE PROVIDED THE INFORMATION REQUESTED ABOVE FOR YOUR PROPERTY, REPEAT THE PROCESS ON THE SAME SHEET OF PAPER FOR EACH HOME ABUTTING YOUR PROPERTY WHICH IS LOCATED WITHIN 150 FEET OF YOUR PROPERTY LINES.

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.

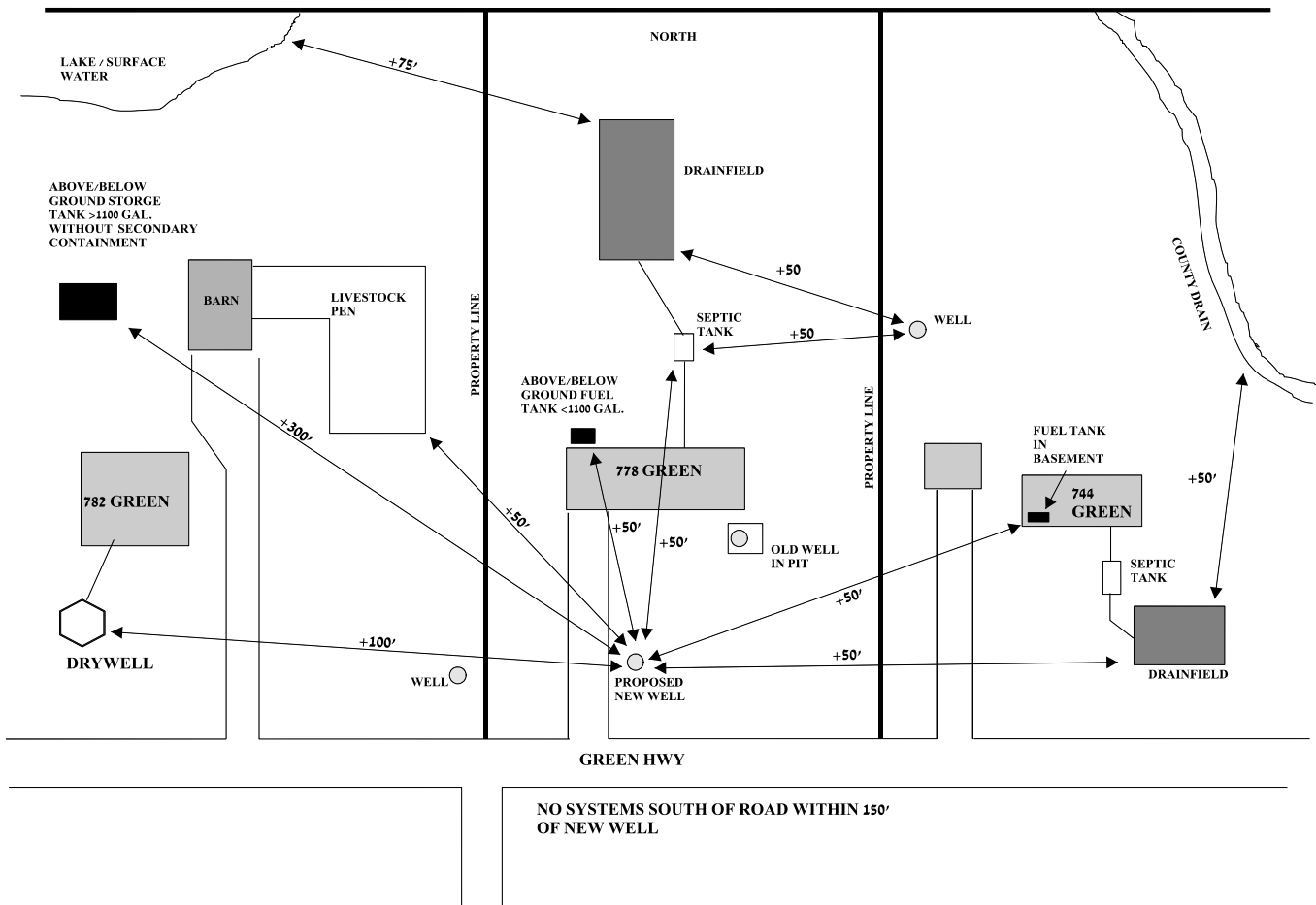
SAMPLE SITE PLAN

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Street Address

City State Zip

(____) _____
Phone Number

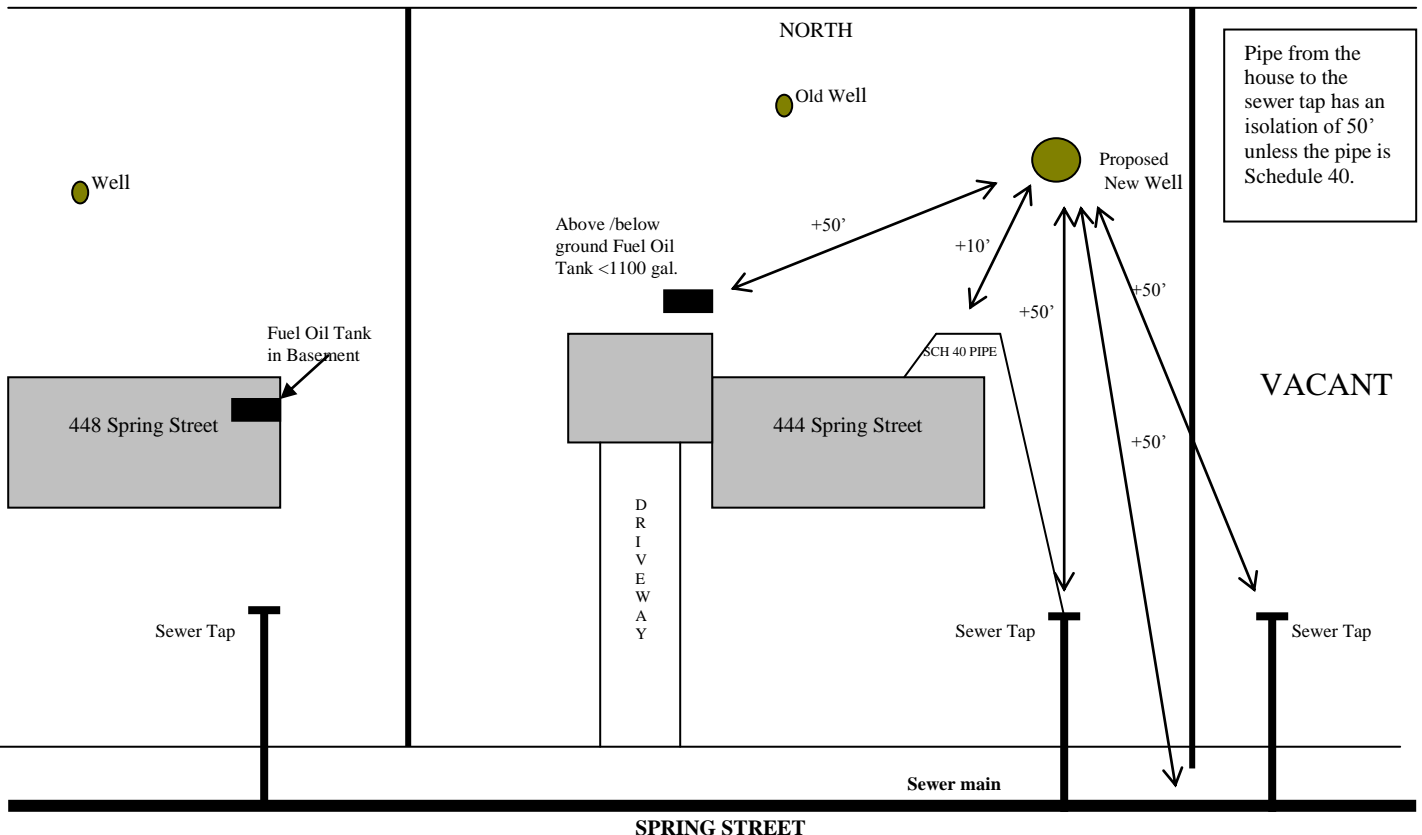
SAMPLE WITH SEWER TAP

SITE PLAN

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