



Midland County Department of Public Health
Environmental Health Services Division
220 W. Ellsworth St., Midland, MI 48640-5194
Phone 989-832-6380 / Fax 989-486-9065
[E-Mail: ehinfo@co.midland.mi.us](mailto:ehinfo@co.midland.mi.us)

Date: _____ Fee: \$135.00 Receipt #: _____
Facility # _____

RESIDENTIAL

**PRELIMINARY (RAW LAND/VACANT LAND) EVALUATION
FOR ON-SITE WASTEWATER DISPOSAL**

Applicant's Name (Please Print): _____

Signature: _____ Phone: _____

Address: _____
(street) (city) (zip)

Property Owner's Name (Print): _____

Address: _____
(street) (city) (zip)

Site Location: _____
(Address or Road Name)

Township: _____ Section #: _____ Tax ID: _____
(required) (required)

Directions from Road Intersection: _____

Lot Size: _____ (lot dimension or acreage) Water: _____ Public _____ Well

PLOT PLAN: Show what adjoins site, e.g. streams, house, etc. Use attached site plan form.



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Site Plan of Building Envelope

Name: _____ Phone: _____

Address: _____ City: _____

Address or Location of proposed building site: _____

Township: _____ Section: _____

In the space provided below, sketch your lot size (giving all dimensions), and include proposed location of house, well (if applicable), septic system, driveway, and any lake, river, stream, pond, county drain, drains to lower the water table, or other surface water. Also, show the exact location of any neighboring wells, septic systems, and underground drains/ tiles that may be within 50 feet of your property line. BE VERY SPECIFIC as to the relationship between the lot size, house layout and septic layout. GIVE EXACT DIMENSIONS. You may use the back of this form if necessary.

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N (please indicate with arrow)

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The above sketch and information listed is accurate and shows the layout of the property and any proposed construction. Any alteration(s) will need written approval by the Health Department.

Signature: _____ Date: _____

Evaluated by: _____ Date: _____