



Midland County Department of Public Health
 Environmental Health Services Division
 220 W. Ellsworth St., Midland, MI 48640-5194
 Phone (989) 832-6679 Fax (989) 832-6628
www.co.midland.mi.us/health_department

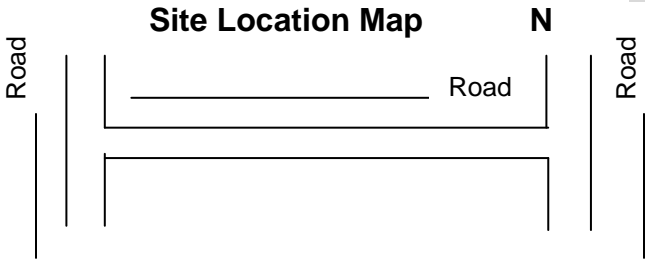
17S-
Permit No.

Box 1

Application for Wastewater Disposal Permit
 Permit: Original ___ Repair ___ Structure Replacement ___
 Property Tax Code _____
 Township _____
 Name _____
 Address _____ City _____
 Zip _____ Section _____ Lot Size _____
 Subdivision _____ Lot # _____
 Owner (print) (same as above) _____
 Mailing Address _____
 City _____ Zip _____
 Phone (Home) _____ (Work) _____

Structure Information
 Baths _____ Bedrooms _____ Spa _____ Jetted Tub _____
 Commercial: Type _____ Employees _____
 Other (specify) _____
 Garbage Disposal Unit: _____ Yes _____ No _____
 Type of Water Supply: _____ Public _____ Well _____
 Has a soil evaluation been performed on this property? _____ Yes _____ No _____ Unknown _____
 If Yes: Date of Evaluation: _____

Box 2



Please indicate distance from crossroad, neighboring home address or other helpful landmarks. Indicate NORTH (N)

I hereby agree to install such facilities in conformance with the Regulations of Midland County, the laws of the State of Michigan, governing the same and in accordance with approved plans, specifications and such other special conditions as may be indicated.

 (Signed) _____ (Date) _____
 Owner ___ Agent ___ Contractor: Registration # _____

For Health Department Use Only

Original: \$225.00	Receipt No.	Date / Initials
Repair: \$180.00		
Replace: \$225.00		
Renew: \$ 55.00		

Permit: ___ Approved ___ Denied
 Important: See Attached Letter ___ Yes ___ No

Permit Conditions Below:

This permit is hereby granted to the applicant subject to conditions stated herein and for the installation to be constructed in accordance with approved plans. The permit expires 12 months after the date of issuance. After the expiration date is reached, a new permit application will need to be applied for.
 Date: _____ by: _____

(Authorized Agent)

Application and Plans as APPROVED, shall not be altered without specific written approval by the Health Department.

Specifications for Approved Individual Wastewater Disposal System

Benchmark Used: ___ Yes ___ No
 Location: _____
 No. of septic tanks: _____ total capacity _____ gals
 Type of disposal drainfield: _____ Standard Field
 _____ Elevated Field _____ Other _____
 Size of Drainfield: _____ lineal ft., 6 ft. on center
 Size of Drained: _____ sq. ft., tile 4 ft. on center

Issuance of this permit does not assure satisfactory performance of system.

IMPORTANT
A Final Inspection Must be Made and the System Approved PRIOR to Covering

Copies: LHD Applicant Twp.



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Site Plan

NOTICE: Contact MISS DIG (1-800-482-7171) at least 3 days prior to assessments or excavation. This department assumes no liability for damages caused while conducting an assessment.

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: _____