



GRAND TRAVERSE COUNTY ENVIRONMENTAL HEALTH WELL & SEPTIC STATUS FORM - \$25

- DEMOLITION
- REMODEL/ ADDITION
- HOME REPLACEMENT
- CHANGE OF USE
- FILE REVIEW/OTHER _____

Property Address: _____

Property Tax ID: _____ Township: _____

Owner's Name: _____

Owner's Mailing Address: _____ City, State, Zip: _____

Owner's Phone: _____ Owner's email: _____

Applicant (if other than owner): _____

Applicant Address: _____ City, State, Zip: _____

Applicant Phone: _____ Applicant Email: _____

Brief summary of the proposed changes to the property: _____

RESIDENTIAL

Current # of Bedrooms: _____ Current # of Bathrooms: _____

Proposed # of Bedrooms: _____ Proposed # of Bathrooms: _____

Garbage Disposal: YES NO

Other changes: _____

COMMERCIAL (please attach a brief business plan)

Type of Facility: _____

Current Max # of Employees: _____ Current # of Bathrooms: _____

Proposed Max # of Employees: _____ Proposed # of Bathrooms: _____

Max Customers Per Day: _____

Drinking Fountain: YES NO

Please note that additional information may be required depending on proposed change or use

Signature of Owner/Contractor

Date

(TO BE COMPLETED BY SANITARIAN)

Grand Traverse County Environmental Health WELL & SEPTIC STATUS FORM

EXISTING PERMIT AVAILABLE PERMIT # _____ DATE OF ISSUE: _____
 EXISTING PERMIT NOT AVAILABLE

Well shall be properly plugged according to Part 127 of Act 368, P.A. 1978, as amended. Abandoned well plugging record shall be submitted to the Health Department. A new well may be required.

Septic tank(s) and any other tank(s) associated with the wastewater system shall be pumped by a licensed septage hauler, crushed, and filled or removed. A new wastewater system may be required.

Existing well meets current well construction code requirements and is approved for use as an:

- Private Residential Well
- Irrigation Well
- Public Well circle type: TYPE II TYPE III

Existing septic system meets current design requirements for proposed use and meets all isolation requirements. Tank(s) Size(s): _____ Final Disposal: _____

Existing septic system will serve:

- Residential home with _____ bedrooms Garbage Disposal: YES NO
- Commercial facility with design daily flow of _____ gal/day
- Other use with design daily flow of _____ gal/day

Existing septic system does not meet current design requirements, but is considered "grand-fathered" for proposed use.

Comments: _____

Signature of Health Department Representative

Date

OFFICE USE ONLY

Receipt Date: _____ Receipt #: _____ Initials: _____