



GRAND TRAVERSE COUNTY ENVIRONMENTAL HEALTH SEPTIC AND/OR WELL PERMIT APPLICATION

Permit Type: BOTH NEW CONSTRUCTION (first time septic has been installed on parcel)
 SEPTIC PERMIT REPLACE EXISTING (includes remodels, and demo/rebuild)
 WELL PERMIT NON-FAILURE FAILURE (slow drainage, ponding, back-up, roots, etc.)

PROPERTY ADDRESS: _____ PARCEL ID: _____

CITY: _____ ZIP: _____ TOWNSHIP: _____ SECTION: _____

SUBDIVISION: _____ LOT #: _____

PROPOSED USE: (PLEASE CHECK ONE)

RESIDENTIAL

COMMERCIAL

TYPE OF FACILITY: _____

BEDROOMS: _____

MAX EMPLOYEES/DAY: _____

MAX PEOPLE SERVED PER DAY: _____

BATHROOMS: _____

BATHROOMS: _____

BUILDING SQUARE FOOTAGE: _____

GARBAGE DISPOSAL:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WATER SOFTENER:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DISHWASHER:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	HVAC HUMIDIFIER:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LAUNDRY:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WALKOUT BASEMENT:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
BASEMENT PLUMBING:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	GEOTHERMAL:	<input type="checkbox"/> YES	<input type="checkbox"/> NO if yes, OPEN or CLOSED LOOP (circle one)
SEWAGE EJECTOR:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	MUNICIPAL SEWER:	<input type="checkbox"/> AVAILABLE	<input type="checkbox"/> CONNECTED <input type="checkbox"/> N/A
SHARED WELL:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	MUNICIPAL WATER:	<input type="checkbox"/> AVAILABLE	<input type="checkbox"/> CONNECTED <input type="checkbox"/> N/A
FUEL OIL TANKS:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DRINKING FOUNTAIN:	<input type="checkbox"/> YES	<input type="checkbox"/> NO (COMMERCIAL ONLY)
OLD WELL TO BE RETAINED FOR USE (requires health department approval): <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					

OTHER: _____

OWNER NAME: _____ PHONE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

APPLICANT NAME (if other than owner): _____ PHONE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

CONTACT EMAIL: _____

ALL APPLICATIONS MUST BE ACCCOMPANIED BY AN ACCURATE SITE PLAN. PLEASE PROVIDE ADDITIONAL SHEETS AS NECESSARY OR YOU MAY USE THE BACK OF THIS PAGE TO DRAW A DIAGRAM. PLEASE INCLUDE STRUCTURE(S), DRIVEWAY, ROAD NAMES AND DIRECTION, EXISTING AND/OR PROPOSED WELL AND SEPTIC LOCATIONS.

I hereby authorize Grand Traverse County Health Department to evaluate the above described property to determine its suitability for the development plans indicated, and to conduct such tests as may be necessary in order to obtain the information required for this evaluation. I also agree to comply with the Environmental Health Regulations for Grand Traverse County, and with the applicable laws of the State of Michigan.

SIGNATURE (owner or agent) _____ DATE: _____

AGENTS MUST HAVE WRITTEN AUTHORIZATION STATEMENT FROM LANDOWNER IN ORDER TO SIGN FOR PERMITS