



# 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: \_\_\_\_\_