



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: \_\_\_\_\_