



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](http://www.co.midland.mi.us/health_department)

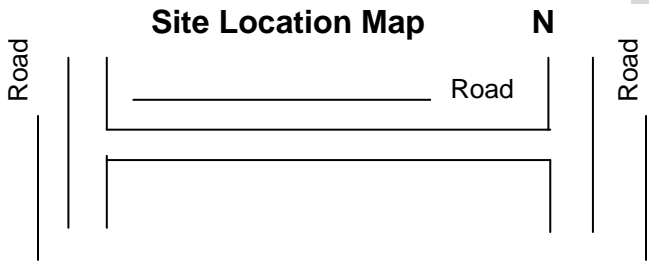
**18S-**  
Permit No.

**Box 1**

**Application for Wastewater Disposal Permit**  
 Permit: Original \_\_\_ Repair \_\_\_ Replacement \_\_\_ Tank \_\_\_  
 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: \$230.00 Repair: \$180.00 Replace: \$230.00 Tank: \$100.00 Renew: \$ 60.00	Receipt No.	Date / Initials
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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: \_\_\_\_\_