



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)

**22S-**  
 Permit No.

Nexus 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) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**Structure Information:**

Baths \_\_\_\_\_ Bedrooms \_\_\_\_\_ Spa \_\_\_\_\_ Jetted Tub \_\_\_\_\_

Commercial: Type \_\_\_\_\_ Employees \_\_\_\_\_

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**

\*You may not obtain a Building permit before a Septic system permit.

\*A permit may be transferred to the new property owner, BUT not transferred to new location on that same property.

\*Midland County will share your permit with your contractor if you provide that contractor information below.

Permission to share permit with contractor.  
**Contractor E-Mail or Fax Information:**

Contractor E-Mail or Fax Number \_\_\_\_\_

Contractor Name \_\_\_\_\_

**Office Use Only:**

E-Mailed Permit to Contractor

**Site Plan must be submitted with this application**

**For Health Department Use Only**

Commercial: \$ _____	Receipt No.	Date / Initials
Original: \$250.00		
Repair: \$225.00		
Replace: \$250.00		
Tank: \$100.00		
Renew: \$ 75.00		

Permit: \_\_\_ Approved \_\_\_ Denied  
 Septic Repair Agreement \_\_\_ Yes \_\_\_ No

**Permit Conditions Attached and 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 or renewed (6 month expiration).

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.

**A Final Inspection Must be Made and the System Approved PRIOR to Covering**

Copies:  Applicant  Twp.



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**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 below, sketch your lot size. Include proposed location of house, well, septic system, driveway, and any lake, river, stream, pond, county drain, drains to lower the water table, or other surface water. Also, show the location of any neighboring wells, septic systems, and underground drains/tiles that may be within 50 feet of your property line. **BE VERY SPECIFIC, and GIVE EXACT DIMENSIONS** as much as possible. A permit maybe declared **VOID** if the applicant intentionally misleads the Health Officer or provided false information upon the permit application.

**Site Plan**

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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. 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.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluated by: \_\_\_\_\_

Date: \_\_\_\_\_