



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

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

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.

Rev 12/29/2021

Site Plan must be submitted with this application



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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: _____