# Please read before filling out the Permit Application.

Incomplete applications will **NOT** be processed and will be returned to the applicant.

### **SECTION A**

APPLICANT INFORMATION: Complete this section by indicating who you are as the representative applying for the service with the mailing address, phone number, and email (optional). Permits will be distributed via email whenever possible.

#### **SECTION B**

PROPERTY OWNER INFORMATION: Complete this section to indicate WHO is the legal entity that owns the property. If this section is the same as section A, leave it blank.

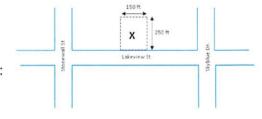
# SECTION C

PROPERTY INFORMATION: Your property address is your 911 fire address provided to you by the Chippewa County Equalization Department. If you are applying for new construction permits, you MUST obtain your property site address prior to completing this application. Your Michigan Property Tax Assessment Notice is the best place to find all of your property information. It shows the legal description and your 11-digit property tax ID number. If available, provide a legal survey of your property indicating exact width and length of your property. If a survey has not been conducted, you MUST indicate the width and length on the application prior to being considered complete.

#### SECTION D

PROPERTY DIRECTIONS:

The following is an example of how to properly complete this section:



#### **SECTION E**

SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT INFORMATION: Please indicate what you are applying for. If you are applying for a new construction, you will need a complete system. If you have an existing sewage system and you need to replace it, please indicate whether or not it's failing. Please also indicate the number of bedrooms and bathrooms in your residence (existing or proposed). Garbage disposals add additional waste to be entered into your septic system. The use of a garbage disposal will require the size of your proposed septic tank to be increased by 250 gallons.

SEWAGE SYSTEM INSTALLER: It is very important that our staff know who will be installing your sewage system. Unless you are installing the system yourself, only those installers licensed by CCHD are permitted to install a sewage system. You may request a list of licensed installers by calling CCHD at (906) 635-3620.

TEST HOLE REQUIREMENTS: You are required to provide a soil excavation to a depth of six (6) feet with a minimum dimension of 2 ft x 4 ft. Backhoe cuts done by excavation are preferred. The test hole must be located in the area of the proposed drainfield (absorption field). It is highly recommended that the test hole is excavated during the site evaluation. This way we can help you determine where the best location for your new/replacement sewage system should be.

#### **SECTION F**

PRIVATE WELL CONSTRUCTION PERMIT: Please indicate whether or not you are applying for a new well or replacement. If you are replacing an existing well, please explain the reason you are replacing your old well. Your old well MUST be abandoned by a licensed well driller. We would also like to know what type of pump will be installed, if you plan to heat with fuel oil and/or if you have any above and/or below ground fuel tanks on your property. The well must be properly isolated from any fuel tanks. You must have a bacteriological (bacti) water sample collected from the well before using it for a drinking water supply.

### **SECTION G**

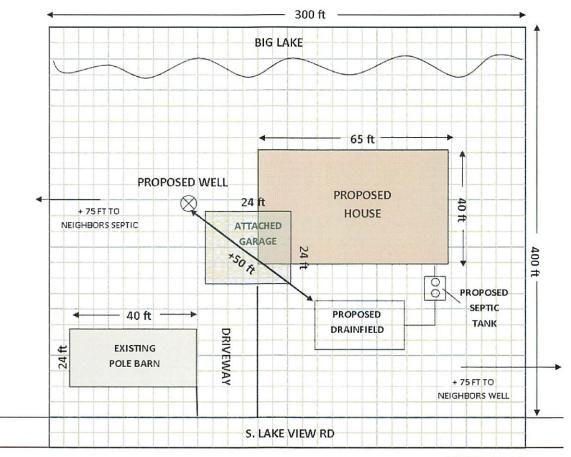
SIGNATURE AND OTHER IMORTANT INFORMATION: It is important to note that other permits may be required, such as an EGLE Wetlands permit, a Soil Erosion permit, etc. By signing the application, you are agreeing to allow representatives of CCHD to enter upon the property for the proposed activity and completion of your project. ANY APPLICATIONS NOT SIGNED AND DATED WILL BE RETURNED AND THE PERMITTING PROCESS WILL BE DELAYED.

# **SECTION H**

SITE PLAN: It is important for CCHD staff to know exactly what is existing and what is proposed on your property. At a minimum, you should have property dimensions; any and all structures and/or proposed dimensions; road ways; drive ways; surface water (lakes, streams, rivers, ponds); existing/proposed septic systems (must indicate tank and drainfield) (include neighboring septic systems); existing/proposed well(s) (include neighboring wells); easements and utilities; and fuel storage tanks (above and below ground).

Below is an example of a proper site plan:

NORTH





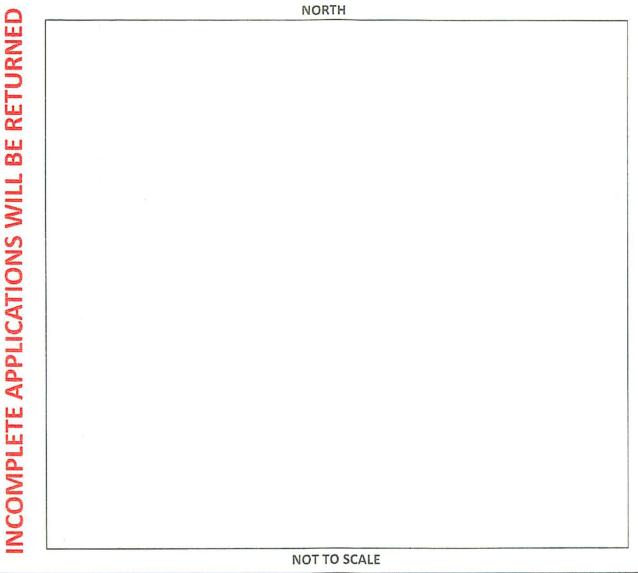
# Chippewa County Health Department 508 Ashmun Street, Suite 120 Sault Ste. Marie, MI 49783

# Permit Application Septic System/Water Well

/	DEPARTE State Sec. Walte, WI 43763	Septic System/ Water Weil	
	Absorption System & Tank- \$369   Septic <2,000 gal/day-\$447   Septic >2,000 gal/day -\$594   Septic Tank Only/Privy-\$199   Septic Tank Only-\$239   Well-\$318   Type II Well (Use EGLE Application)-\$447   Type III Well (Use EGLE Application)-\$447	FOR DEPARTMENT USE Date Received: Received by: Amount Paid: Client Id #:	
COMPLETE ALL PORTIONS OF THE APPLICATION. <u>INCOMPLETE APPLICATIONS WILL BE RETURNED.</u> TYPE OR PRINT CLEARLY.			
	APPLICANT INFORMATION OWNER CONTRACTOR AGENT		
CTION A	NAME:MAILING ADDRESS:		
5	Street City	State Zip	
S	HOME PHONE: CELL PHONE (optional):		
	EMAIL (optional):		
Г	PROPERTY OWNER INFORMATION (If different than the applicant)		
SECTION B	NAME:  MAILING ADDRESS:  Street City  HOME PHONE:  EMAIL (optional):	State Zip	
	PROPERTY INFORMATION (For which permit is requested)		
CTION	PROPERTY TAX ID# (MANDATORY):TOWNSHIP: PROPERTY ADDRESS:	TOWN: RANGE: SECTION:	
	Street City State Zip  PARCEL SIZE: WIDTH: LENGTH: ACREAGE: If parcel is less than one acre, date it was split:		
	SUBDIVISION: LOT NUMBER:		
Г	PROPERTY DIRECTIONS		
CECTION D	Consider this a one mile section. Give the name of the road your property is locat crossroads. Place an "X" to indicate your property location. Please indicate which which side of the road is property on? (N, S, E, or W): Distance (in ft) from the contract of the road is property on?	direction is North.	
	Is a building visible from the road? Yes No Color		

The real Party lies			
	COMPLETE THIS SECTION WHEN APPLYING FOR A SEPTIC PERMIT		
SECTION E	APPLICATION IS TO INSTALL:  SEPTIC FIELD AND TANK  NEW CONSTRUCTION  SEPTIC TANK ONLY  REPLACE EXISTING  COMMERCIAL < 2,000 GPD  Has system failed  OTHER  Or is failing?  Septic System Age:  Number of Bedrooms:  Garbage Disposal to be installed or is in use?  Sewage Grinder to be installed or is in use?  APPLICATION IS TO SERVE:  SINGLE FAMILY RESIDENCE  COMMERCIAL < 2,000 GPD  COMMERCIAL 2,000—6,000 GPD  COMMERCIAL 6,000—10,000 GPD  Septic System Age:  Number of Bedrooms:  Number of Bathrooms:  Sewage Grinder to be installed or is in use?  Yes  No		
	Name of sewage system installer:		
six (	TEST HOLE REQUIREMENTS: You are required to provide a soil excavation, at owners expense, to a depth of six (6) feet with a minimum dimension of 2ft x 4 ft. Excavations done by a backhoe are preferred. The test hole must be located in the area of the proposed drainfield. It is highly recommended that the test hole is excavated during the site evaluation.  PRIOR TO ANY DIGGING—CALL MISS DIG 1-800-482-7171		
	COMPLETE THIS SECTION WHEN APPLYING FOR A RESIDENTIAL WELL PERMIT		
ON F	CHECK ONE OF THE FOLLOWING: WELL IS TO SERVE: TYPE OF PUMP TO BE INSTALLED:  NEW CONSTRUCTION SINGLE FAMILY RESIDENCE ELECTRIC  REPLACEMENT GEOTHERMAL HAND PUMP  NAME OF WELL DRILLER:  NAME OF PUMP INSTALLER:		
SECTION	WHO WILL BE COLLECTING YOUR REQUIRED BACTERIOLOGICAL WATER SAMPLE?		
SE	DO YOU OR ARE YOU PLANNING TO HEAT WITH FUEL OIL? YES NO		
	ARE THERE ANY ABOVE OR BELOW GROUND FUEL TANKS ON YOUR PROPERTY? YES NO  IF WELL IS FOR REPLACEMENT:  REASON FOR REPLACEMENT:		
	WHO WILL ABANDON OLD WELL?*		
	HOW WILL OLD WELL BE ABANDONED?		
	*Old well must be abandoned by a registered well driller.		
	READ AND SIGN		
	IMPORTANT		
SECTION G	<ul> <li>-Be advised that OTHER PERMITS MAY BE REQUIRED for the use or activity to be served by the sewage system/water well.</li> <li>-Be advised that you may need a wetlands permit from the Michigan Department of Environment, Great Lakes and Energy (EGLE).</li> <li>-Be advised that you may need a soil erosion and sedimentation control permit from the Chippewa, Luce, Mackinac Conservation District (CLMCD).</li> <li>-Be advised that a copy of your permit will be emailed to the Chippewa County Building Department and the Chippewa, Luce, Mackinac Conservation District.</li> <li>-Applicant (if other than owner) certifies they are authorized by the owner to act on the owner's behalf as their authorized agent.</li> <li>-Applicant certifies that the physical boundaries of the well, sewage system, building(s) and other features indicated on the application are within the lawful boundaries of the real property described on the application.</li> <li>By signing this application, I agree to allow representatives of Chippewa County Health Department to enter upon said property in order to inspect the proposed activity</li> </ul>		
	and completed project.		
Applicant (Owner/Agent) Signature:			
Date:			
Date	2:		

# **INCOMPLETE APPLICATIONS WILL BE RETURNED**



APPLICANT SITE PLAN

AT A MINIMUM, THE SITE PLAN MUST INCLUDE THE FOLLOWING, ALONG WITH DISTANCES BETWEEN:

**Property Dimensions** 

Existing/Proposed Septic System (include neighbor's\*)

All Structures with Dimensions

Existing/Proposed Well(s) (include neighbor's\*)

Roads & Driveways

Easements & Utilities

Surface water (lakes, streams, rivers, ponds)

Fuel Storage Tanks (above & below ground)

\*Include neighboring information if neighbor's system is within 75 ft of your property.

SECTION