



CALHOUN COUNTY
Public Health Department

190 E Michigan Ave
Battle Creek, MI 49014

calhouncountymi.gov/publichealth
269-969-6370

APPLICATION FOR SERVICE

Onsite Well/Sewage Treatment System will serve/be used for (check one):

- Single Family Dwelling Duplex/Multi-Family Dwelling Other

Service Requested:

- New Septic Replacement Septic Site Evaluation Septic Tank Only Commercial Septic Type II New Well Replacement Well Type III Well Irrigation Well Irrigation Well(LQW)

Property Information:

Parcel / Tax ID # Lot Size/Dimension
Street Address Subdivision & Lot #
City, State, Zip City/Village/Township
Directions to Property

Person Meeting Inspector:

Name Phone

Owner Information:

Name Phone
Street Address
City, State, Zip

Send Permit to:

- Mail to Above Address Fax
Mail to Alternate Address Email
Name
Street Address
City, State, Zip

I, the property owner, or the owner's authorized representative hereby grant to Calhoun County Public Health Department's representatives' permission to access and enter the above described parcel; to perform all necessary tests and inspections. All information provided in this application is accurate, true and correct to the best of my knowledge. By signing below, I further agree to install, or cause to be installed, any hereafter permitted water supply system and/or sewage treatment facilities in accordance with specified permit conditions issued - including the regular requirements of Calhoun County Public Health Department's Sanitary code; and where applicable with other state laws, rules or regulations. Additionally, I will contact MISSDIG to have the utilities marked.

Owner or Representative Signature

Date

Note: A site plan and directions to the property are required. Please complete the back of this form and attach all appropriate documentation. If incomplete, the application will not be processed and will be returned. A backhoe is required to be on-site for new and replacement septic permit appointments.

FOR HEALTH DEPARTMENT USE:

Paid: CC Cash Check Receipt # Who Paid Date Paid
Sanitarian Scheduled Appointment

**Residential Information:**

Number of Bedrooms \_\_\_\_\_

Connected to Municipal:  Water  Sewer  No

Is there an existing outhouse or privy?  Yes  No

Is there, or will there be, a water softener/treatment installed?  Yes  No

Is there, or will there be, a garbage disposal unit or a grinder pump installed?  Yes  No

Is there, or will there be, a whirlpool or hot tub installed?  Yes  No

Are there any buried or above ground fuel tanks other than propane gas?  Yes  No

Is there, or will there, be basement plumbing?  Yes  No

Does or will the water well serve two or more homes?  Yes  No

Will the well/septic be used for commercial business use?  Yes  No

**Proposed Site Development Plan**

Scale: \_\_\_\_\_ = \_\_\_\_\_

Show all applicable features:

- Road Drive Egress Windows Geothermal System House
- Fuel Oil Tank Water Well Septic System (If existing) Garage Property Dimensions

- Prominent landmarks on or near site (i.e. fences, surface waters, neighboring houses)
- Site or property boundaries
- Show location of buildings and driveway(s) (proposed and existing)
- Show location of the proposed well and sewage treatment system and any existing well or septic systems