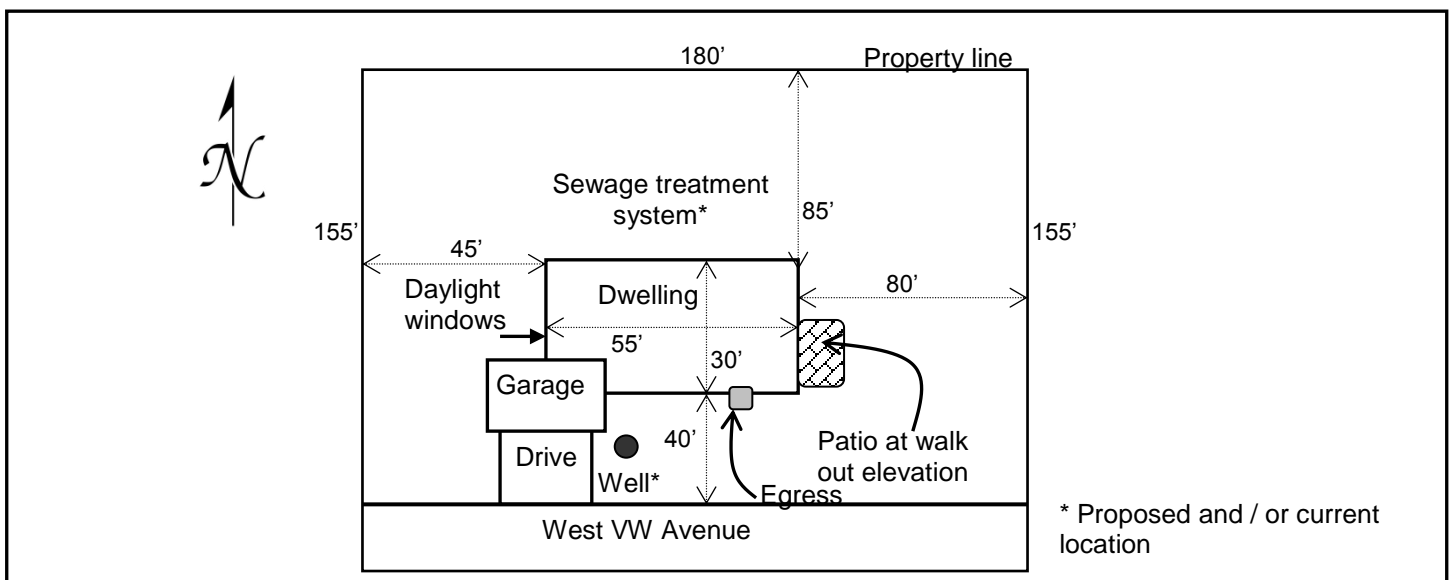


Instructions for Completing a Residential Sewage Treatment Permit Application

1. Fill out application form completely. An incomplete or inaccurate application will be returned to you prior to our office initiating any work. This may delay the issuance of the permit.
2. Submit application and [fee](#) to:
By Mail: Kalamazoo County Health & Community Services Department
Environmental Health Wpk
311 East Alcott Street
Kalamazoo, MI 49001

By E-Mail: ehincoming@kalcounty.com
3. Payment can be made with cash, check (payable to *Kalamazoo County Health & Community Services Department*), or credit card. **Credit Card Payment:** For secure payment, submit the Credit Card Authorization Form to Kalamazoo County Environmental Health by MAIL only.
4. **Please Note:** For new construction a backhoe/ excavator excavation is required to be completed on-site with an EH staff member present. An appointment with this office will need to be made in order to view this excavation in process for soil identification. It will be the responsibility of the excavating machine operator to contact Miss Dig for flagging.
5. Please indicate on the application form if you wish to be present for the evaluation. You will be contacted upon receipt of the application to schedule an appointment. **For replacement systems, prior to a site visit, this office will contact Miss Dig to request utility staking. Please allow 3 business days for staking.**
6. If there is a buried well head on your property or on a neighboring property, it may be necessary for you to uncover each buried well head to ensure the permitted sewage treatment system will be a minimum of 50 feet away. If this is necessary, it will be your responsibility to perform this work. Your permit will not be issued until the wellhead is uncovered and inspected by the Health & Community Services Department.
7. If it is determined that more than four final inspections will be required as a permit condition, you will be contacted for an additional permit payment of \$110.00 per each additional inspection. This additional fee must be paid prior to the permit being issued.
8. Your permit will be mailed or e-mailed to you upon completion.
NOTE: In accordance with P.A. 451 of 1994, any earth change activity within 500 feet of a water body including a lake, stream or county drain requires an Earth Change Permit. For more information call the Soil Erosion and Sedimentation Control Office at (269) 384-8117.

Property Development Plan Example



Application for an Onsite Sewage Treatment System Permit

(Please print. Complete entire form to avoid a delay in permit issuance.)

Onsite sewage treatment system will serve / be used for (check one):

- Single Family Dwelling Other
 Duplex/Multi-Family Dwelling

For Office Use Only

Permit #: aaaaaaaa

Property Information:

Parcel / Tax ID #: _____ Lot Size/Dimension: _____
 Street Address: _____ Subdivision & Lot #: _____
 City, State & Zip: _____ City/Village/Township: _____

Issue Permit To:

Name: _____ Contact Phone #: _____
 Mailing Address: _____
 City, State & Zip: _____

- Mail Permit to above address E-mail Permit to: _____
 Call me to pick up the Permit

Additional Information:

Is property served by a <input type="checkbox"/> Private Well or <input type="checkbox"/> Municipal Water?	Number of Bedrooms: _____			
<input type="checkbox"/> New Construction- An appointment will need to be set up with our office to view a backhoe/excavator excavation in process for soil identification.	Municipal Sewer Available?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Replacement (existing system)	Garbage Disposal?	<input type="checkbox"/>	<input type="checkbox"/>	
Existing septic tank capacity (gallons): _____	Basement Plumbing?	<input type="checkbox"/>	<input type="checkbox"/>	
Depth of soil over septic tank (inches): _____	Walkout / Daylight Basement?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Septic Tank Only	Egress Window(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there an existing / proposed geothermal system on this property?		<input type="checkbox"/>	<input type="checkbox"/>	

Property Development Plan:

- | | |
|--|---|
| <input type="checkbox"/> Road | <input type="checkbox"/> Property Dimensions |
| <input type="checkbox"/> House | <input type="checkbox"/> Egress Window(s) |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Walkout / Daylight Elevation |
| <input type="checkbox"/> Drive | <input type="checkbox"/> Proposed or Current |
| <input type="checkbox"/> North Arrow | <input type="checkbox"/> Sewage System |
| <input type="checkbox"/> Fuel Oil Tank | <input type="checkbox"/> Water Well |
| <input type="checkbox"/> Geothermal System | <input type="checkbox"/> Geothermal System |

For replacement systems, prior to site visit, Miss Dig will be contacted to perform utility staking.

I hereby make application for an onsite sewage treatment system permit. Attached is my application fee.

I understand that payment of the non-refundable fee does not guarantee the issuance of a permit.

Applicant's Signature: _____ Date: _____





Credit Card Payment Request

Please **fully complete** and **SIGN** this form and send it with the application.

Service Requested _____

Address of Property _____

Service Requested by _____

Cardholder's daytime phone number _____

Name of Credit Card Holder as it appears on the credit card:

_____ First

_____ Middle

_____ Last

Billing Address:

_____ Street Address

_____ City & State

_____ Zip Code

Costs for services (Environmental Health Unit Fee Schedule), applications, and instructions are located on the Kalamazoo County website at <http://www.kalcounty.com/eh/licenses.htm>. Costs for services can also be obtained by contacting Environmental Health Unit staff at (269) 373-5210.

Please charge the above credit card for the requested service(s).

Signature of Card Holder: _____ Date: _____

Kalamazoo County HCS EH, 311 East Alcott Street, Kalamazoo, MI 49001

_____ This shaded area is for office use only. _____

____ Phone ____ Mail EH Staff Initials _____ Date _____
Authorization # _____ Dollar Amount \$ _____

Credit Card Number: _____

V-Code: ____ The V-Code is the last 3 digits on the signature panel.

Expiration Date (Month & Year): ____ / ____ MC ____ Visa ____

Discover ____ AmEx ____

Environmental Health Unit Phone: (269) 373-5210

Web: www.kalcounty.com/eh