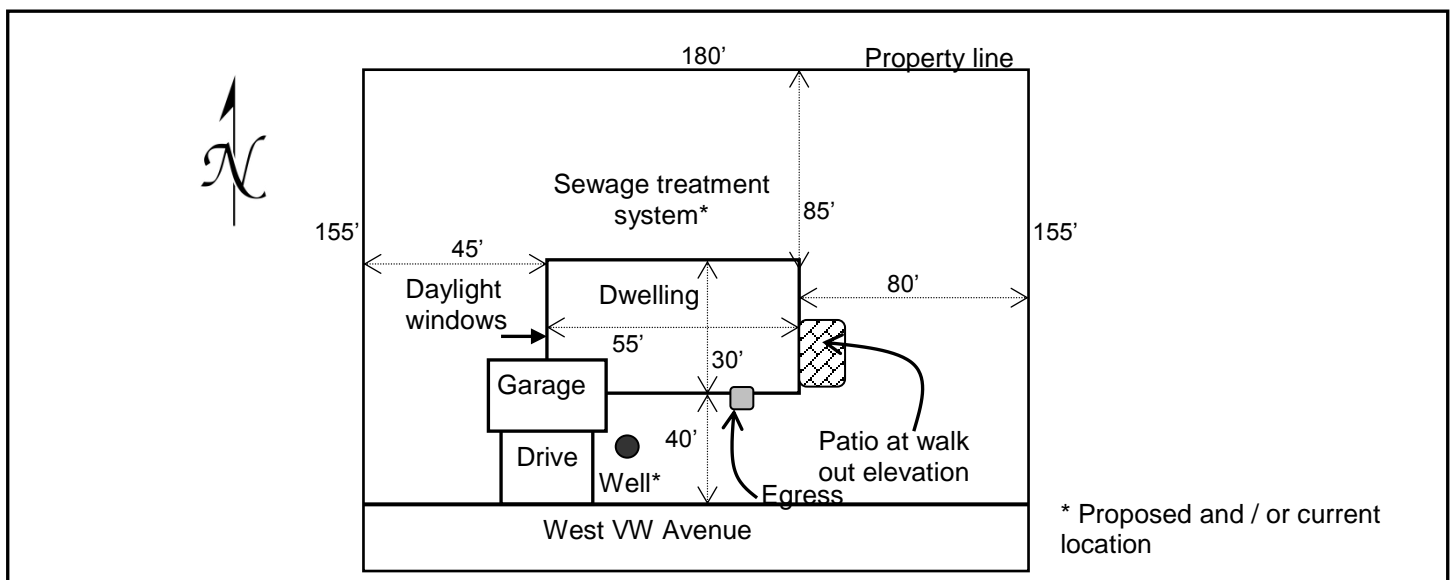


## Instructions for Completing a Residential Sewage Treatment Permit Application

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 Wpkv  
311 East Alcott Street  
Kalamazoo, MI 49001  
**By Fax:** (269) 373-5333  
**By E-Mail:** [ehincoming@kalcountv.com](mailto:ehincoming@kalcountv.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 FAX or MAIL only.**
  4. In the case of new construction, mark the property at roadside and the proposed building corners with flagging tape.
  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. **Prior to a site visit, this office will contact Miss Dig to request utility staking. 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 \$90.00 per each additional inspection. This additional fee must be paid prior to the permit being issued.
  8. Your permit will be mailed (and faxed or e-mailed, if requested) 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

☐ Other

For Office Use Only

Permit #:aaaaaaa

## 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

☐ Fax Permit to: \_\_\_\_\_

## Additional Information:

Yes

No

Is property served by a ☐ Private Well or ☐ Municipal Water?

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

☐ New Construction

Municipal Sewer Available? ☐

☐

Property will be posted and house corners staked: \_\_\_\_\_

Garbage Disposal? ☐

☐

☐ Replacement (existing system)

(Enter Date)

Basement Plumbing? ☐

☐

Existing septic tank capacity (gallons): \_\_\_\_\_

Walkout / Daylight Basement? ☐

☐

Depth of soil over septic tank (inches): \_\_\_\_\_

Egress Window(s)? ☐

☐

☐ Septic Tank Only

Is there an existing / proposed geothermal system on this property? ☐

☐

## Property Development Plan:

☐ Road

Property Dimensions

☐ House

☐ Egress Window(s)

☐ Garage

☐ Walkout / Daylight Elevation

☐ Drive

Proposed or Current

☐ North Arrow

☐ Sewage System

☐ Fuel Oil Tank

☐ Water Well

☐ Geothermal System

☐ Geothermal System

☐ Other

If you wish to be present at the hearing, please indicate by checking the appropriate box.

\_\_\_\_\_ [gu] \_\_\_\_\_ [Pq]

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: \_\_\_\_\_

## MasterCard, Visa, or Discover Card Payment Request

For secure payment, submit this form to Kalamazoo County Environmental Health ~~Wpk~~by FAX or MAIL only. 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 ~~Wpk~~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 ~~Wpk~~staff at (269) 373-5210.

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

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_  
Kalamazoo County HCS Environmental Health ~~Wpk~~Fax number and Address: (269) 373-5333  
Kalamazoo County HCS EH, 311 East Alcott Street, Kalamazoo, MI 49001

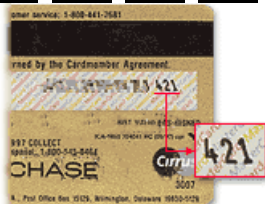
This shaded area is for office use only.

\_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mail \_\_\_\_\_ EH Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

Authorization # \_\_\_\_\_ Dollar Amount \$ \_\_\_\_\_

Credit Card Number:

\_\_\_\_\_



V-Code: \_\_\_\_\_

The V-Code is the last three digits on the signature panel.

Expiration Date (Month & Year): \_\_\_\_\_ / \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

Health & Community Services Department  
Environmental Health Unit  
3299 Gull Road  
Kalamazoo, MI 49048-0042



KALAMAZOO COUNTY GOVERNMENT  
In the Pursuit of Extraordinary Governance...

Phone: (269) 373-5337  
Fax: (269) 373-5333  
Web: [www.kalcounty.com/eh](http://www.kalcounty.com/eh)