



# HEALTH DEPARTMENT

of Northwest Michigan

**Administrative Office**  
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**Dental Clinics North  
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**Hospice of Northwest  
Michigan**  
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Charlevoix, MI 49720  
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**Northern Michigan  
Regional Lab**  
95 Livingston Blvd.  
Suite D  
Gaylord, MI 49735  
989 732 1794  
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February 5, 2018

RE: New Applications and Owner Signature Requirement

To Whom It May Concern,

The Health Department of Northwest Michigan (HDNW) has recently conducted a program review and has changed some of its documents, procedures and policies. Please be aware that there are new applications and that older applications will not be accepted and should be discarded.

Our new applications can be found at [www.nwhealth.org](http://www.nwhealth.org) or available at any of our branch offices. Be sure to review the new applications as there have been several changes.

### OWNER SIGNATURE REQUIRED

The most significant change to the application process is that we cannot accept applications that are not signed by the owner of the property. This change resulted from a legal review of our application process and current Right-of-Entry and Inspection regulations. This may create some delay in processing an application, so be sure to have your clients sign applications for submittal if you are accustomed to filling them out on their behalf.

Front office staff have been instructed that these changes will be strictly enforced at the time of application.

If you have special circumstances or need to discuss this matter, contact me directly at 231-547-7651.

Respectfully,

  
Scott Kendzierski, REHS, MS  
Director of Environmental Health Services

cc. HDNW County Environmental Health Staff





**Residential**

- Septic (New) - \$390
- Septic (Replacement) - \$390
- Well - \$320
- Septic Tank Only - \$235

**Non-Residential**

- Septic (New) - \$452
- Septic (Replacement) - \$452
- Type I Public Well - \$320
- Type III Public Well (including Irrigation Wells) - \$320

**FOR DEPARTMENT USE**

Fee \_\_\_\_\_  
 Application # \_\_\_\_\_

Permits for the installation of sewage treatment and disposal systems and water supply systems are required under Sections 4-2 and 6-2 of the 2017 District Sanitary Code serving Antrim, Charlevoix, Emmet, And Otsego Counties. It is unlawful to construct, repair, alter, or extend such systems until permit(s) are issued by this agency.

**Property Information**

Year Parcel Created:  Prior to 1997  1997-present    Size of Parcel: \_\_\_\_\_ acres

County: \_\_\_\_\_

Property Tax ID# (MANDATORY): \_\_\_\_\_ Township: \_\_\_\_\_ Section#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Total Number of Bedrooms (including bonus Rooms): \_\_\_\_\_  Replacement for an Existing Use  New or Change of Use

**Owner Information**

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Send Report to (if other than owner)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number(required): \_\_\_\_\_ Email: \_\_\_\_\_

Existing Well - **Out of Water:**     Yes  No  NA    Name of Well Driller: \_\_\_\_\_

Proposed Well Use: \_\_\_\_\_

Existing Septic - **Failed or Failing:**     Yes  No  NA    Name of Septic Contractor: \_\_\_\_\_

Septic System Age: \_\_\_\_\_

**Proposed drainfield location identified:**     Yes  No    If No, by what date: \_\_\_\_\_

The area of the proposed drainfield must be clearly identified by digging **36"-48" deep test holes**, providing flagging or marked in a manner that is highly visible and positively defines the proposed area.

**Note:** Sites with difficult soil conditions may require **backhoe excavations**, at the owner's expense, to complete permitting activity.

**Non-Residential – Additional Information:**

Type of Facility/Use: \_\_\_\_\_ Maximum # of People/Day: \_\_\_\_\_

Food Facility **Only**    Number of Seats (including outdoor seating): \_\_\_\_\_ Number of Meals/Day: \_\_\_\_\_

This department requires that the owner or his/her representative draw a site plan and directions to the property described above. Please use the back of this form and attach the appropriate documentation. Failure to draw a site plan, or provide adequate directions to the property may delay the process of this permit/report.

I hereby authorize Health Department of Northwest Michigan to access the above described property to determine its suitability for the development plans indicated, to conduct such tests as may be necessary in order to obtain information required for this evaluation, and to conduct inspections of permitted facilities. I also agree to comply with the requirements of the District Sanitary Code for the county, and with the applicable laws of the State of Michigan.

Signature of Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

