



Septic System/Well Permit Application Otsego County

- Residential Septic (New) - \$385
- Residential Septic (Replacement) - \$385
- Residential Well - \$315
- Septic Tank Only - \$230
- Non-Residential Septic (New) - \$445
- Non-Residential Septic (Replacement) - \$445
- Type I Public Well - \$315
- Type III Public Well - \$315

FOR DEPARTMENT USE
Fee _____
Application # _____

Permits for the installation of well systems are required under Sections 4-2, 6-2 and 8-2 of the 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

County: _____

Property Tax ID# (MANDATORY): _____ Township: _____ Section#: _____

Address: _____ City: _____ Zip code: _____

Subdivision: _____ Lot #: _____

Year Parcel Created: Prior to 1997 1997-present Size of Parcel: <1.0 acre >1.0 acre

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 failed or failing? Yes No

Name of Well Driller: _____

Drainfield location identified? Yes No

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

Residential Septic Information

Existing Septic Failed Yes No

Age of failed septic: _____

Number of bedrooms, including bonus rooms: (Circle one)

1 2 3 4 5 6 7

Name of Septic Contractor: _____

Commercial Septic Information

Type of Facility/Use: _____

Maximum # of People/Day: _____

Existing Septic Failed Yes No

Age of failed septic: _____

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.

Since many interrelating factors contribute to the failure of a sewage disposal system, approval cannot be considered a guarantee by Health Department of Northwest Michigan that successful operation is assured.

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/Agent: _____ **Phone #:** _____ **Date:** _____

