



2019 Application - Type II Noncommunity Public Water Supply Otsego County

- Type II Well - \$474 WSSN _____
- Conversion/Evaluation - \$254
- Change of Ownership/Name - \$25

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|---------------------------|
| FOR DEPARTMENT USE |
| Fee _____ |
| Application # _____ |

Permits for the installation of well systems are required under Section 6-2 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: _____

Facility Information

Name of Facility: _____

Proposed/Existing Use: _____ License: Yes No Type: _____

Months of Operation: _____ Drain down all or a portion of the system: Yes No

Number of Employees: _____ Est. Number of people served each day: 25-50 50-100 100-500 500-1000 1000+

Wastewater: Municipal Sewage System Private (On-site) Sewage System

Owner/Contact Information

Owner Name: _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

Phone Number: _____ Email: _____

Contact / Certified Operator Name: _____

Phone Number: _____ Email: _____

Send Report to (if other than owner)

Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Phone Number: _____ Email: _____

Drilling Contractor (if applicable): _____ Phone Number: _____

Fixture Count: A completed fixture count is required to fully process this application. Failure to provide a completed fixture count worksheet will result in this application being considered administratively incomplete and will delay in the processing of this permit/report.

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:** _____

