

Type II Noncommunity Public Water Supply Application Antrim, Charlevoix and Emmet Counties

□ Type II Well - \$370	WSSN	FOR DEPARTMENT USE
\square Conversion/Evaluation - \$155		Fee
		Application #
Permits for the installation of well systems are require is unlawful to construct, repair, alter, or extend such so	ed under Section 6-2 of the District Sanitary Code serving Analystems until permit(s) are issued by this agency.	trim, Charlevoix, Emmet, And Otsego counties. It
Property Information		
County:		
Property Tax ID# (MANDATORY):	Township:	Section#:
Address:	City:	Zip code:
Facility Information		
Name of Facility:		
Proposed/Existing Use:	License: ☐ Yes ☐ N	lo Type:
Months of Operation:	Drain down all or a portion	of the system: ☐ Yes ☐ No
	er of people served each day: $\ \square$ 25-50 $\ \square$ 50-10	
Wastewater: ☐ Municipal Sewage System		
wastewater. Widnielpar Sewage System	Trivate (Oil-site) Sewage System	
Owner/Contact Information		
Owner Name:		Chata Tip and a
	City:	
	Email:	
	Email:	
Send Report to (if other than owner)		
Name:	City:	State: Zip code:
Phone Number:	Email:	
	Phone	
-		
This department requires that the owner or his/h	ner representative draw a site plan and directions to th	ne property described above. Please use the
	umentation. Failure to draw a site plan, or provide add	
	ocess this application. Failure to provide a completed to complete and will delay in the processing of this permit	
to conduct such tests as may be necessary in order to o	ichigan to access the above described property to determine obtain information required for this evaluation, and to conducty Code for the county, and with the applicable laws of the Sta	ct inspections of permitted facilities. I also agree
Signature of Owner/Agent	Dhona #	Dato
Signature of Owner/Agent:	Phone #:	Date:



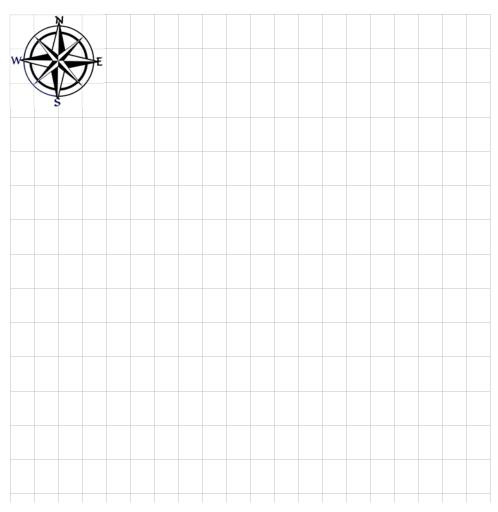
Type II Noncommunity Public Water Supply Application

Directions to site: (include name of nearest crossroad/landmarks/neighboring house number)						

INCLUDE ON SKETCH:

- 1. Property lines/dimensions
- 2. Location of any buildings include distance to roads/landmarks
- 3. Well locations (proposed and/or existing) distance to septic/drain field
- 4. Neighboring well/septic system location
- Septic tank and drainfield location(s) proposed and/or existing
- 6. Location(s) of streets/roads
- 7. Location(s) of body(ies) of water
- 8. Location(s) of underground and above ground fuel storage tanks
- 9. Test hole locations
- 10. Indicate proposed additions/changes to existing buildings for remodeling
- Attach existing and proposed floor plan for remodeling.
- 12. Location of utilities; i.e. electric, gas, phone

PLEASE COMPLETE A SITE PLAN SKETCH BELOW



Attach copy of (8 1/2" x 11") Property Survey

Office Locations

Antrim

209 Portage Dr. Bellaire, MI 49615 (231) 533-8670 Fax (231) 533-8450

Charlevoix

220 W. Garfield Charlevoix, MI 49720 (231) 547-6523 Fax (231) 547-6238

Emmet

3434 Harbor-Petoskey Rd., Suite A Harbor Springs, MI 49740 (231) 347-6014 Fax (231) 347-2861

Otsego

95 Livingston Blvd. Gaylord, MI 49735 (989) 732-1794 Fax (989) 732-3285

FOR HEALTH DEPARTMENT USE ONLY:							
Date Received:	Amount Received:	Cash:	_Check:	CC #			
Receipt #:	☐ Pending: Reason:			□ Denied	□ Approved		
Sanitarian's Signature	Date of Inspection:						