



2024 Permit Application - Septic System/Water Well
Otsego County

Residential

- Septic (New) - \$371
- Septic (Replacement) - \$371
- Well - \$291
- Septic Tank Only - \$262

Non-Residential

- Septic (New) - \$500
- Septic (Replacement) - \$500
- Type I Public Well - \$291
- Type III Public Well (Inc. Irrigation Wells) - \$291

FOR DEPARTMENT USE

Fee _____
 Application # _____
 Miss Dig Ticket # _____
 Comp. Date: _____

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 sleeping areas: bedrooms ____ bunk rooms ____ bonus rooms ____ guest rooms ____ other ____

Permit application for 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: _____

