



2024 Permit Application - Septic System/Water Well
Antrim, Charlevoix, Emmet and Otsego Counties

Residential

- Septic (New) - \$356
Septic (Replacement) - \$356
Well - \$276
Septic Tank Only - \$262

Non-Residential

- Septic (New) - \$485
Septic (Replacement) - \$485
Type I Public Well - \$276
Type III Public Well (Inc. Irrigation Wells) - \$276

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:

