HEALTH DEPARTMENT of Northwest Michigan

2026 Permit Application - Septic System/Water Well

Otsego County

Residential

- ☐ Septic (New) - $423
- ☐ Septic (Replacement) - $423
- ☐ Well - $332
- ☐ Septic Tank Only - $268

Non-Residential

- ☐ Septic (New) - $645
- ☐ Septic (Replacement) - $645
- ☐ Type I Public Well - $332
- ☐ Type III Public Well (Inc. Irrigation Wells) - $332

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:_____

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Permit Application - Septic System/Well

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

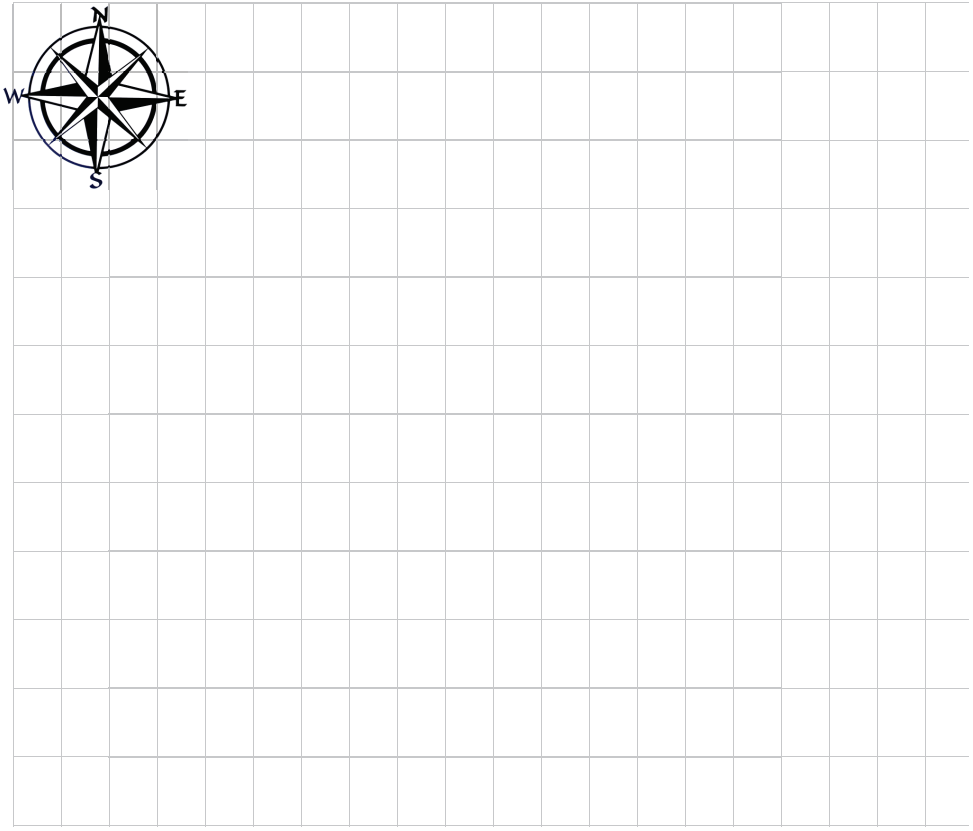
_____

_____

INCLUDE ON SKETCH (If Known):

1. **Property lines/dimensions**
2. Location of **ALL** buildings – include distance to roads/landmarks
3. Well locations - (proposed and/or existing) distance to septic/drain field
4. Neighboring well/septic system locations
5. 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
11. Attach existing and proposed floor plan for remodeling.
12. Location of utilities; i.e. electric, gas, phone (call Miss Dig **811**)

PLEASE COMPLETE A SITE PLAN SKETCH BELOW



Attach copy of (8 ½" 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 #:_____

☐ Mound Design/Review:

Date Received:_____ Amount Received:_____ Cash:_____Check:_____ CC # _____

Receipt #:_____