

DISTRICT HEALTH DEPARTMENT NO. 4 ON SITE SEWAGE SYSTEM APPLICATION AND PERMIT

Issued at:

Alpena County ()
100 Woods Circle
Suite 200
Alpena, MI 49707
989-356-4507

Cheboygan County ()
Doris E. Reid Center
825 S. Huron Street, Ste. #1
Cheboygan, MI 49721
231-627-8850

Montmorency County ()
12265 M-32 W.
P.O. Box 183
Atlanta, MI 49709
989-785-4428

Presque Isle County ()
P.O. Box 236
151 E. Huron Street
Rogers City, MI 49779
989-734-4723

A: APPLICATION FOR PERMIT

Property ID # _____

Property Owner _____ Address _____ Ph _____

Applicant _____ Address _____ Ph _____

SITE INFORMATION: Township _____ Town _____ N Range _____ E/W Section _____

Lot Size: _____ feet by _____ feet _____ Acreage _____ If Under 1 Acre Date Divided After 1997 _____

Subdivision _____ Lot # _____ Well Permit _____

Property Address _____

Directions to Site _____ City _____ State _____ Zip Code _____

Residence: No Bedrooms () Non-Residential: No. Employees () Other _____

Contractor _____ New System () Replacement System () Tank Only ()

IT IS AGREED THAT THE WORK SHALL BE DONE IN ACCORDANCE WITH DHD #4 REGULATIONS GOVERNING THE CONSTRUCTION AND INSTALLATION OF SEPTIC TANKS AND SEWAGE DISPOSAL SYSTEMS. IT IS AGREED TO NOTIFY DHD #4 BEFORE BACKFILLING THE SEPTIC TANK AND/OR SEPTIC SYSTEM IN ORDER THAT AN INSPECTION CAN BE MADE.

THE SYSTEM IS REQUIRED TO BE LOCATED IN THE AREA OF THE SOIL BORING AS INDICATED ON THE APPROVED SITE PLAN. SHOULD CHANGES TO THIS LOCATION BE NEEDED CONTACT DHD#4.

IT IS UNDERSTOOD THAT THIS SYSTEM IS ONLY A TEMPORARY MEANS OF SEWAGE DISPOSAL. A PERMIT IS NOT A GUARANTEE OF PERFORMANCE. LIFE EXPECTANCY OF THIS SYSTEM WILL BE DIRECTLY AFFECTED BY THE HOMEOWNER PUMPING AND MAINTAINING THIS SYSTEM. FOOTING DRAINAGE, DOWNSPOUTS, WATER SOFTENERS AND ANY OTHER WASTE NOT DEFINED AS SEWAGE SHALL NOT BE CONNECTED OR DISCHARGED INTO THE SEPTIC TANK OR SEWAGE DISPOSAL AREA. A CERTIFICATE OF INSPECTION ACKNOWLEDGING PROPER SYSTEM INSTALLATION MUST BE ISSUED BY THE HEALTH DEPARTMENT PRIOR TO ASSUMING OCCUPANCY OF THIS STRUCTURE.

THIS PERMIT IS VOID IF WORK IS NOT COMPLETED WITHIN ONE YEAR OF THE ISSUANCE DATE. RENEWAL OF THIS PERMIT WILL BE VALID FOR ONE ADDITIONAL YEAR WHEN REQUESTED, PRIOR TO EXPIRATION DATE, AND WILL THEN BE VOID 2 YEARS AFTER DATE OF ISSUANCE. ALL EXPIRED PERMITS ARE VOID AND REQUIRES A NEW APPLICATION TO BE MADE.

NEW CONSTRUCTION WILL REQUIRE A DHD #4 WATER SUPPLY PERMIT. PERMITS FROM OTHER GOVERNMENT AGENCIES MAY ALSO BE REQUIRED PRIOR TO CONSTRUCTION.

I CERTIFY THIS INFORMATION TO BE TRUE AND CORRECT AND THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

SIGNATURE OF APPLICANT _____ DATE _____

FEE \$ _____ Ck. No. _____ Date _____ Received By _____

Send Permit to: Name: _____ Address _____

<p>①</p> <p>Soil type _____</p> <p style="text-align: center;">Ground Level</p> <div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px; text-align: center;"> Soil boring (feet) 1 2 3 4 5 </div> <div style="margin-left: 10px;"> <p>Depth to water table _____</p> <p>Seasonal high water table _____</p> <p>Date of boring _____</p> <p>San. Int. _____</p> </div> </div>	
<p>②</p> <p>Soil type _____</p> <p style="text-align: center;">Ground Level</p> <div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px; text-align: center;"> Soil boring (feet) 1 2 3 4 5 </div> <div style="margin-left: 10px;"> <p>Depth to water table _____</p> <p>Seasonal high water table _____</p> <p>Date of boring _____</p> <p>San. Int. _____</p> </div> </div>	<p>(As Built Sketch (not to scale) for HD use)</p>

B. PERMIT TO INSTALL SPECIFICATIONS: Elevated System _____ Alternative permit _____ Variance granted _____

Tank _____ gal. Dosing Tank _____ gal. Gallons/Dose _____ Distribution Box _____

Absorption Field Bed _____ sq. ft. OR Trench _____ sq. ft. Fill: Depth _____ Type _____

SPECIAL INSTRUCTIONS: (See attached site plan)

Permit to construct is APPROVED / DENIED _____ Date _____

Environmental Sanitarian

C. FINAL APPROVAL

Septic tank _____ gal. Dosing tank _____ gal. Absorption area _____ sq. ft. No. of lines/trenches _____

APPROVED NOT APPROVED _____ Date _____

Environmental Sanitarian

DISTRICT HEALTH DEPARTMENT NO. 4
SITE PLAN
(Proposal)

Date _____

Onsite Sewage Permit # _____

Water Well Permit # _____

Owner Name _____

Applicant Name _____

Include: Lot dimensions, building, driveways, easements, water well, septic area and a replacement area, surface water, soil boring locations, etc.



Site plan accepted Site plan revised _____ Date: _____

Environmental Sanitarian