

DISTRICT HEALTH DEPARTMENT NO. 4

PRIVATE WATER SUPPLY

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
Cheboygan, MI 49721
231-627-8850

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

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

WhiteOwner/Agent copy
Yellow.....Branch Office copy
Pink.....Business Office copy
Gold.....Well Driller's copy

A: APPLICATION FOR PERMIT

PROPERTY ID # _____

Property Owner Name _____ Address _____ Ph _____
Street City State Zip Code

Owner's Designated Representative _____ Address _____ Ph _____
Street City State Zip Code

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

Lot Size: _____ feet by _____ feet _____ Acreage _____

Subdivision _____ Lot # _____ Sewage Permit# _____

Property Address _____
Street City State Zip Code

DIRECTIONS TO SITE:

Between _____ St./Rd. _____ St./Rd.

Further Description _____

Well Type: Residential () Irrigation ()

Well Drilling Contractor _____ Well for new home () Replacement Well at existing home () Extensive Well Changes () Other ()

I certify I am the property owner or their authorized designated representative and I certify this information to be true and accurate. I have also completed and submitted an accurate site plan. If a situation arises that requires alteration of this site plan DHD#4 shall be notified and written approval obtained prior to construction.

Owner or Designated Representative Signature _____

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

(As Built Sketch (not to scale) for HD use)

B: PERMIT AND SPECIFIC INSTRUCTIONS: _____

Permit to construct is: approved/denied: _____
Environmental Sanitarian Date

The water supply system shall be constructed according to the approved site plan, DHD #4 permit and instructions, Part 127 P.A. 368 of 1978, and DHD #4 Sanitary Code.

C: WATER SUPPLY SYSTEM STATUS

- Approved
- Notice of Construction Acceptance
- Not Approved

Environmental Sanitarian Date

New home construction will also require a DHD #4 on site sewage disposal system permit. Other permits may also be required prior to construction.
VOID IF NOT COMPLETED OR RENEWED WITHIN ONE YEAR FROM DATE OF ISSUE
This is not a guarantee of performance. Permit application fee is not refundable.

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.


North

Site plan accepted Site plan revised _____ Date: _____

Environmental Sanitarian