Chippewa County Health Department
508 Ashmun Street, Suite 120
Sault Ste. Marie, MI 49783

906-635-3620
contactEH@chippewacountymi.gov

Please read before filling out the Permit Application.

Incomplete applications will **NOT** be processed and will be returned to the applicant.

SECTION A

APPLICANT INFORMATION: Complete this section by indicating who you are as the representative applying for the service with the mailing address, phone number, and email (optional). Permits will be distributed via email whenever possible.

SECTION B

PROPERTY OWNER INFORMATION: Complete this section to indicate WHO is the legal entity that owns the property. If this section is the same as section A, leave it blank.

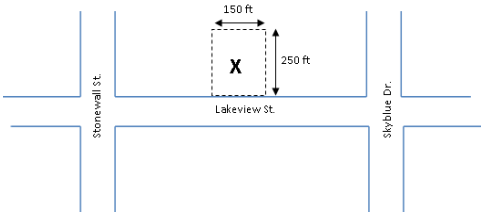
SECTION C

PROPERTY INFORMATION: Your property address is your 911 fire address provided to you by the Chippewa County Equalization Department. If you are applying for new construction permits, you MUST obtain your property site address prior to completing this application. Your Michigan Property Tax Assessment Notice is the best place to find all of your property information. It shows the legal description and your 11-digit property tax ID number. If available, provide a legal survey of your property indicating exact width and length of your property. If a survey has not been conducted, you MUST indicate the width and length on the application prior to being considered complete.

SECTION D

PROPERTY DIRECTIONS:

The following is an example of how to properly complete this section:



SECTION E

SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT INFORMATION: Please indicate what you are applying for. If you are applying for a new construction, you will need a complete system. If you have an existing sewage system and you need to replace it, please indicate whether or not it's failing. Please also indicate the number of bedrooms and bathrooms in your residence (existing or proposed). Garbage disposals add additional waste to be entered into your septic system. The use of a garbage disposal will require the size of your proposed septic tank to be increased by 250 gallons.

SEWAGE SYSTEM INSTALLER: It is very important that our staff know who will be installing your sewage system. Unless you are installing the system yourself, only those installers licensed by CCHD are permitted to install a sewage system. You may request a list of licensed installers by calling CCHD at (906) 635-3620.

TEST HOLE REQUIREMENTS: You are required to provide a soil excavation to a depth of six (6) feet with a minimum dimension of 2 ft x 4 ft. Backhoe cuts done by excavation are preferred. The test hole must be located in the area of the proposed drainfield (absorption field). It is highly recommended that the test hole is excavated during the site evaluation. This way we can help you determine where the best location for your new/replacement sewage system should be.

SECTION F

PRIVATE WELL CONSTRUCTION PERMIT: Please indicate whether or not you are applying for a new well or replacement. If you are replacing an existing well, please explain the reason you are replacing your old well. Your old well MUST be abandoned by a licensed well driller. We would also like to know what type of pump will be installed, if you plan to heat with fuel oil and/or if you have any above and/or below ground fuel tanks on your property. The well must be properly isolated from any fuel tanks. You must have a bacteriological (bacti) water sample collected from the well before using it for a drinking water supply.

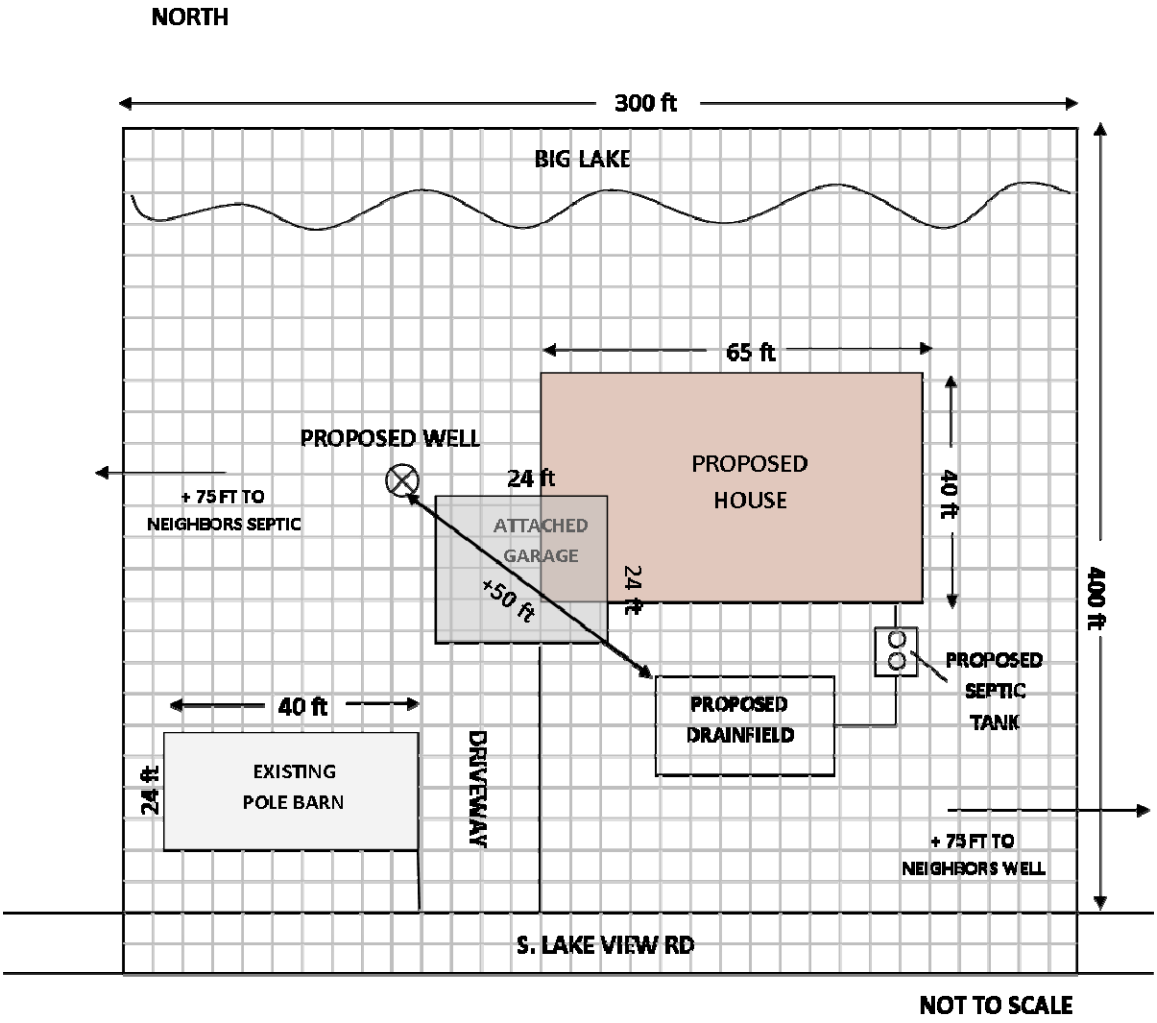
SECTION G

SIGNATURE AND OTHER IMORTANT INFORMATION: It is important to note that other permits may be required, such as an EGLE Wetlands permit, a Soil Erosion permit, etc. By signing the application, you are agreeing to allow representatives of CCHD to enter upon the property for the proposed activity and completion of your project. ANY APPLICATIONS NOT SIGNED AND DATED WILL BE RETURNED AND THE PERMITTING PROCESS WILL BE DELAYED.

SECTION H

SITE PLAN: It is important for CCHD staff to know exactly what is existing and what is proposed on your property. At a minimum, you should have property dimensions; any and all structures and/or proposed dimensions; road ways; drive ways; surface water (lakes, streams, rivers, ponds); existing/proposed septic systems (must indicate tank and drainfield) (include neighboring septic systems); existing/proposed well(s) (include neighboring wells); easements and utilities; and fuel storage tanks (above and below ground).

Below is an example of a proper site plan:



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Permit Application
Septic System/Water Well

Residential

- ☐ Absorption System & Tank- $369
- ☐ Absorption System-$369
- ☐ Septic Tank Only/Privy-$199
- ☐ Well-$318

Non-Residential

- ☐ Septic <2,000 gal/day-$447
- ☐ Septic >2,000 gal/day -$594
- ☐ Septic Tank Only-$239
- ● Type II Well (Use EGLE Application)-$447
- ● Type III Well (Use EGLE Application)-$347

FOR DEPARTMENT USE
Date Received:_____
Received by:_____
Amount Paid:_____
Client Id #:_____

COMPLETE ALL PORTIONS OF THE APPLICATION. INCOMPLETE APPLICATIONS WILL BE RETURNED.
TYPE OR PRINT CLEARLY.

SECTION A

APPLICANT INFORMATION ☐ **OWNER** ☐ **CONTRACTOR** ☐ **AGENT**

NAME: _____

MAILING ADDRESS: _____
Street *City* *State* *Zip*

HOME PHONE: _____ CELL PHONE (optional): _____

EMAIL (optional): _____

SECTION B

PROPERTY OWNER INFORMATION ***(If different than the applicant)***

NAME: _____

MAILING ADDRESS: _____
Street *City* *State* *Zip*

HOME PHONE: _____ CELL PHONE (optional): _____

EMAIL (optional): _____

SECTION C

PROPERTY INFORMATION ***(For which permit is requested)***

PROPERTY TAX ID# **(MANDATORY):** _____TOWNSHIP: _____ TOWN: ____ RANGE: ____ SECTION: _____

PROPERTY ADDRESS:_____
Street *City* *State* *Zip*

PARCEL SIZE: WIDTH: ____ LENGTH: ____ ACREAGE: ____ If parcel is less than one acre, date it was split: _____

SUBDIVISION: _____ LOT NUMBER: _____

SECTION D

PROPERTY DIRECTIONS

Consider this a one mile section. Give the name of the road your property is located on and the names of the nearest crossroads. Place an "X" to indicate your property location. Please indicate which direction is North.

Which side of the road is property on? (N, S, E, or W): ____ Distance (in ft) from closest intersection: ____

Is a building visible from the road? ☐ Yes ☐ No Color _____ ☐ House ☐ Garage ☐ Other

SECTION E

COMPLETE THIS SECTION WHEN APPLYING FOR A SEPTIC PERMIT

APPLICATION IS TO INSTALL:
- ☐ SEPTIC FIELD AND TANK
- ☐ SEPTIC TANK ONLY
- ☐ EARTH PRIVY
- ☐ OTHER

APPLICATION IS FOR:
- ☐ NEW CONSTRUCTION
- ☐ REPLACE EXISTING
  Has system failed or is failing? _____
  Septic System Age: _____

APPLICATION IS TO SERVE:
- ☐ SINGLE FAMILY RESIDENCE
- ☐ COMMERCIAL < 2,000 GPD
- ☐ COMMERCIAL 2,000—6,000 GPD
- ☐ COMMERCIAL 6,000—10,000 GPD

Number of Bedrooms: ____
Number of Bathrooms: ____

Garbage Disposal to be installed or is in use? ☐ Yes ☐ No
Sewage Grinder to be installed or is in use? ☐ Yes ☐ No

Name of sewage system installer: _____

TEST HOLE REQUIREMENTS: You are required to provide a soil excavation, at owners expense, to a depth of six (6) feet with a minimum dimension of 2ft x 4 ft. Excavations done by a backhoe are preferred. The test hole must be located in the area of the proposed drainfield. It is highly recommended that the test hole is excavated during the site evaluation.

PRIOR TO ANY DIGGING—CALL MISS DIG 1-800-482-7171

SECTION F

COMPLETE THIS SECTION WHEN APPLYING FOR A RESIDENTIAL WELL PERMIT

CHECK ONE OF THE FOLLOWING:
- ☐ NEW CONSTRUCTION
- ☐ REPLACEMENT

WELL IS TO SERVE:
- ☐ SINGLE FAMILY RESIDENCE
- ☐ GEOTHERMAL

TYPE OF PUMP TO BE INSTALLED:
- ☐ ELECTRIC
- ☐ HAND PUMP

NAME OF WELL DRILLER: _____

NAME OF PUMP INSTALLER: _____

WHO WILL BE COLLECTING YOUR REQUIRED BACTERIOLOGICAL WATER SAMPLE? _____

DO YOU OR ARE YOU PLANNING TO HEAT WITH FUEL OIL? ☐ YES ☐ NO

ARE THERE ANY ABOVE OR BELOW GROUND FUEL TANKS ON YOUR PROPERTY? ☐ YES ☐ NO

IF WELL IS FOR REPLACEMENT:

REASON FOR REPLACEMENT: _____

WHO WILL ABANDON OLD WELL?* _____

HOW WILL OLD WELL BE ABANDONED? _____

**Old well must be abandoned by a registered well driller.*

SECTION G

READ AND SIGN

IMPORTANT

- **Be advised** that **OTHER PERMITS MAY BE REQUIRED** for the use or activity to be served by the sewage system/water well.
- **Be advised** that you may need a wetlands permit from the Michigan Department of Environment, Great Lakes and Energy (EGLE).
- **Be advised** that you may need a soil erosion and sedimentation control permit from the Chippewa, Luce, Mackinac Conservation District (CLMCD).
- **Be advised** that a copy of your permit will be emailed to the Chippewa County Building Department and the Chippewa, Luce, Mackinac Conservation District.
- Applicant (if other than owner) certifies they are authorized by the owner to act on the owner's behalf as their authorized agent.
- Applicant certifies that the physical boundaries of the well, sewage system, building(s) and other features indicated on the application are within the lawful boundaries of the real property described on the application.

By signing this application, I agree to allow representatives of Chippewa County Health Department to enter upon said property in order to inspect the proposed activity and completed project.

Applicant (Owner/Agent) Signature: _____

Date: _____

INCOMPLETE APPLICATIONS WILL BE RETURNED

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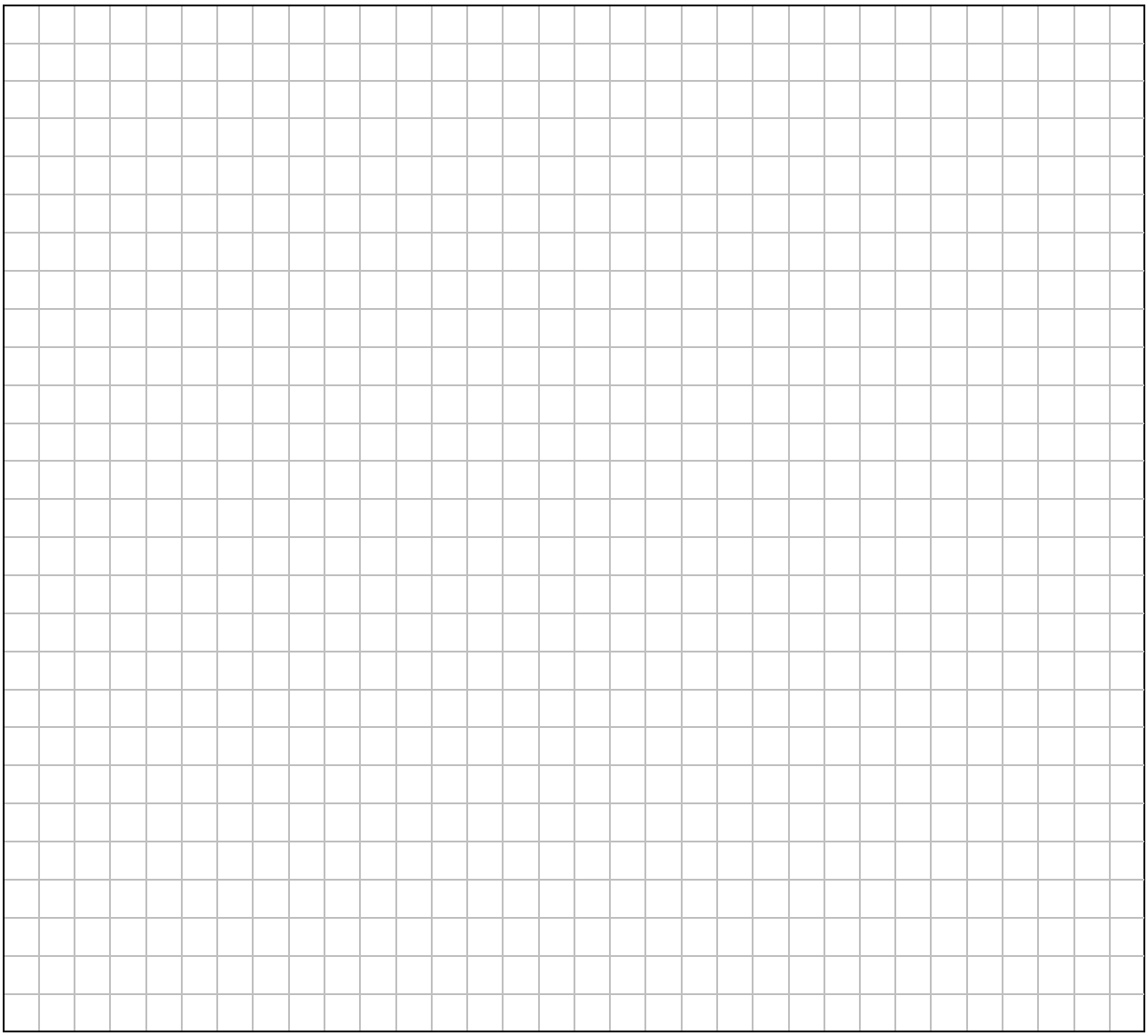
NORTH



NOT TO SCALE

INCOMPLETE APPLICATIONS WILL BE RETURNED

SECTION H

APPLICANT SITE PLAN

AT A MINIMUM, THE SITE PLAN MUST INCLUDE THE FOLLOWING, ALONG WITH DISTANCES BETWEEN:

Property Dimensions
Existing/Proposed Septic System (include neighbor's*)
All Structures with Dimensions
Existing/Proposed Well(s) (include neighbor's*)
Roads & Driveways
Easements & Utilities
Surface water (lakes, streams, rivers, ponds)
Fuel Storage Tanks (above & below ground)

**Include neighboring information if neighbor's system is within 75 ft of your property.*