CHIPPEWA COUNTY HEALTH DEPARTMENT
508 Ashmun Street, Suite 120
Sault Ste. Marie, Michigan 49783
www.chippewahd.com

INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR SEPTIC AND/OR WELL PERMITS

SECTION A

APPLICANT INFORMATION:
Complete this section by indicating who you are as the applicant applying for the service with the mailing address, phone number, and e-mail (optional).

SECTION B

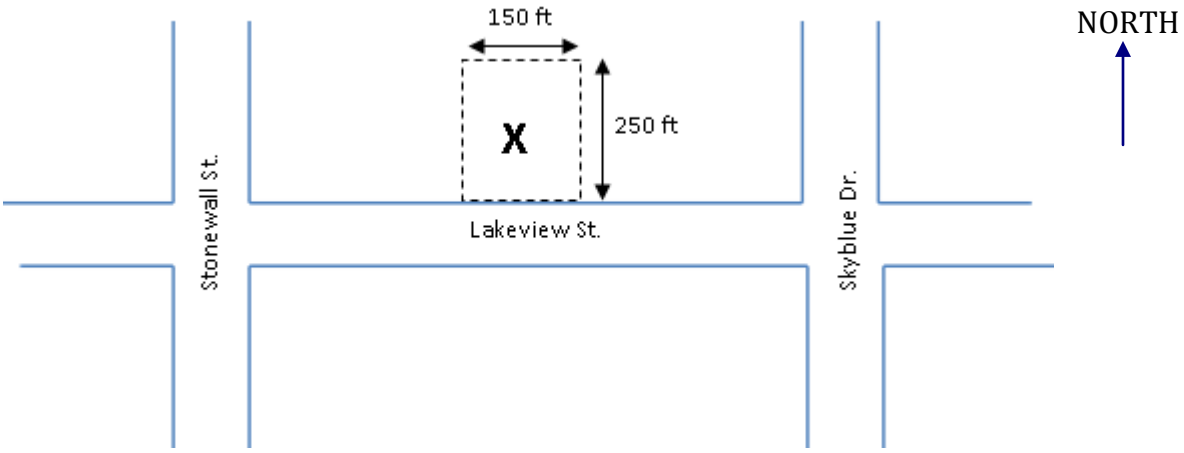
PROPERTY OWNER INFORMATION:
Complete this section to indicate WHO is the legal entity that owns the property. If this section is the same as section A, leave it blank.

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 it to being considered complete.

SECTION D

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



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SECTION E

SEWAGE SYSTEM CONSTRUCTION PERMIT INFORMATION:
Please indicate what you are applying for. If you are applying for new construction, it is likely 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. If you think your septic tank is in good condition, you may need an absorption field only. If this is the case, it's recommended you have your septic tank pumped during the site evaluation by our department. Please also indicate the number of bedrooms and bathrooms in your residence (existing or proposed). Garbage grinders add additional waste to your septic tank. The use of a garbage grinder 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 knows who will be installing your sewage system. Unless you are installing the system yourself on your own property, 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. Excavations done by a backhoe are preferred. The test hole must be located in the area of the proposed drainfield (absorption bed). It is highly recommended that the test hole be excavated during the site evaluation by CCHD staff. This way we can help you determine where the best location is for your new/replacement sewage system.

SECTION F

PRIVATE WELL CONSTRUCTION PERMIT:
Please indicate whether you are applying for a new well or replacement well. Indicate if it will be for your own residence, or to serve the public (for public water supply wells, you must complete the DEQ permit application). If you are replacing an existing well, please explain the reason you are replacing your old well. Your old well MUST be properly abandoned by a registered well driller. We would also like to know what type of pump will be installed; if you plan to heat with fuel oil; and if you have any above or below ground fuel tanks on your property. The well must be properly isolated from any fuel tanks.

SECTION G

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

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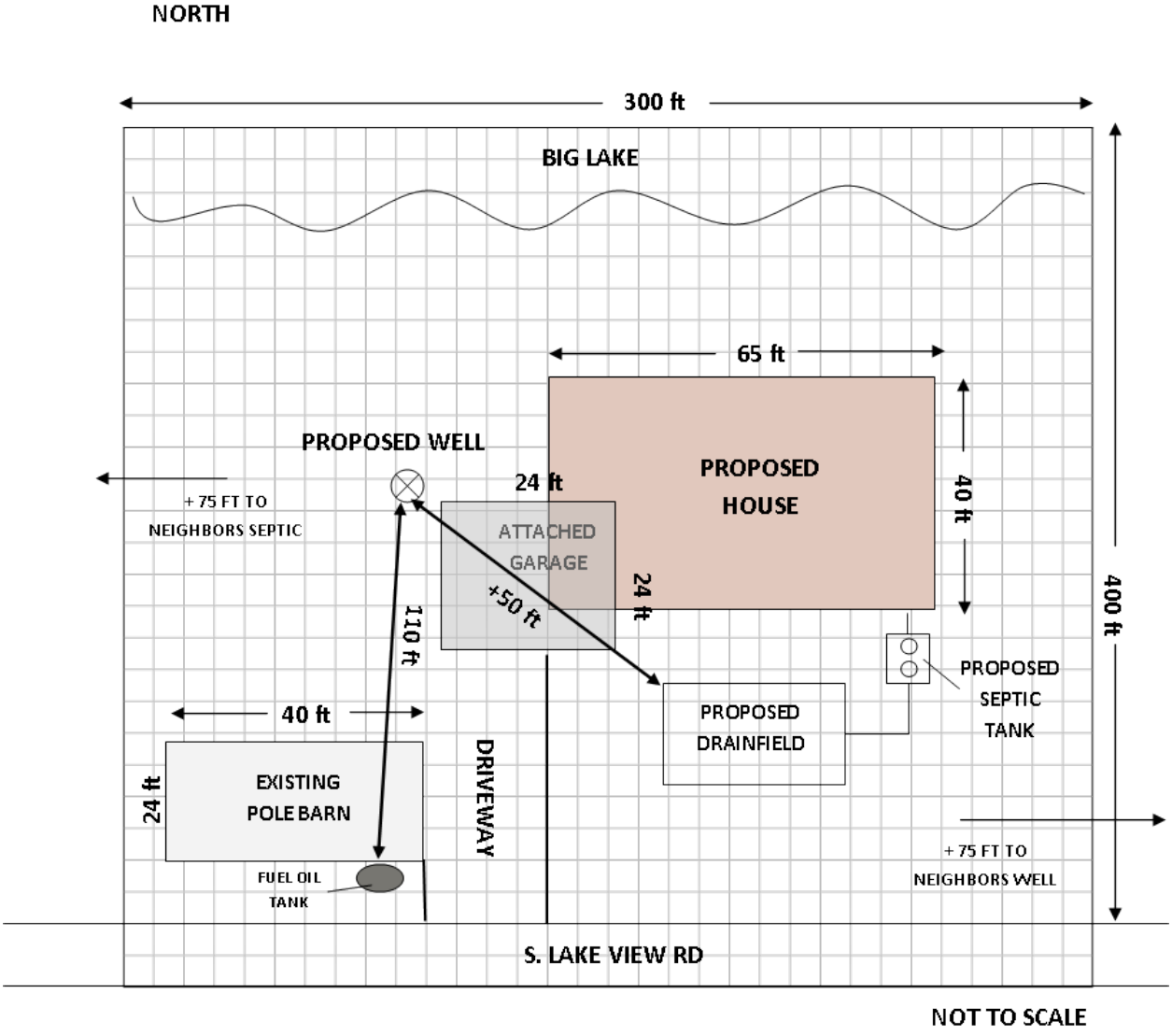
SECTION H

SITE PLAN:

It is important for CCHD staff to know exactly what exists and what is proposed on your property. At a minimum, you should have property dimensions; any and all structures and their proposed dimensions; road ways; driveways; surface water (lakes, streams, rivers, ponds); existing/proposed septic systems (must indicate tank and drainfield) (include neighboring septic systems if within 75 ft of your property or if within 75 ft of your proposed well); 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:



CHIPPEWA COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
SEPTIC AND/OR WELL PERMIT APPLICATION

Office Use Only
Date Received: _____
Received by: _____
Amount Paid: _____
Client ID#: _____

Complete all portions of the application. Type or print clearly. INCOMPLETE APPLICATIONS WILL BE RETURNED. SHADED AREAS REQUIRED.

SECTION A

APPLICANT INFORMATION ☐ OWNER ☐ CONTRACTOR ☐ AGENT

NAME

MAILING ADDRESS: CITY: STATE: ZIP:

HOME PHONE: CELL PHONE:

EMAIL:

SECTION B

PROPERTY OWNER INFORMATION (If different than the applicant)

NAME

MAILING ADDRESS: CITY: STATE: ZIP:

HOME PHONE: CELL PHONE:

EMAIL:

SECTION C

PROPERTY INFORMATION (For which this permit is requested)

PROPERTY ADDRESS: CITY: STATE: ZIP:

TOWNSHIP: SUBDIVISION: LOT #:

PROPERTY TAX ID #: If parcel is less than one acre, date it was split:

LEGAL PLAT DESCRIPTION:

TOWN: RANGE: SECTION:

PARCEL SIZE:

WIDTH: LENGTH: ACREAGE:

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 your property on? (N, S, E, or W): Distance (in ft) from closest intersection:

Is a building visible from the road: ☐ YES ☐ NO ☐ House ☐ Garage ☐ Other Color

SECTION E

SEWAGE SYSTEM CONSTRUCTION PERMIT

APPLICATION TO INSTALL:

- ☐ COMPLETE SYSTEM
- ☐ SEPTIC TANK ONLY
- ☐ ABSORPTION FIELD ONLY
- ☐ VAULTED OR EARTH PIT PRIVY
- ☐ OTHER

APPLICATION IS FOR:

- ☐ NEW CONSTRUCTION
- ☐ REPLACE EXISTING
  - ☐ NON-FAILURE
  - ☐ FAILURE (slow drainage, ponding, etc)

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 GRINDER IN USE OR TO BE INSTALLED:** _____

SEWAGE SYSTEM INSTALLER: _____

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. 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 by CCHD staff.

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

SECTION F

PRIVATE WELL CONSTRUCTION PERMIT

CHECK ONE OF THE FOLLOWING:

- ☐ NEW CONSTRUCTION
- ☐ REPLACEMENT

WELL TO SERVE:

- ☐ SINGLE FAMILY RESIDENCE
- ☐ GEOTHERMAL
- ☐ PUBLIC WATER SUPPLY (must fill out DEQ application)

TYPE OF PUMP TO BE INSTALLED:

- ☐ ELECTRIC
- ☐ HAND PUMP

IF WELL IS FOR REPLACEMENT:

REASON FOR REPLACEMENT: _____

HOW AND WHO WILL BE ABANDONING YOUR OLD WELL? **[OLD WELL MUST BE ABANDONED BY A REGISTERED WELL DRILLER]**

_____

WELL CONTRACTOR: _____ WELL PUMP INSTALLER: _____

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

SECTION G

IMPORTANT!

-Be advised that **OTHER PERMITS MAY BE REQUIRED** for the use or activity to be served by the sewage system/water well.

-Applicant (if other than owner) certifies he is authorized by the owner to act on the owner's behalf as his 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.

Date: _____ Applicant (Owner/Agent) Signature: _____

SECTION H

APPLICANT SITE PLAN

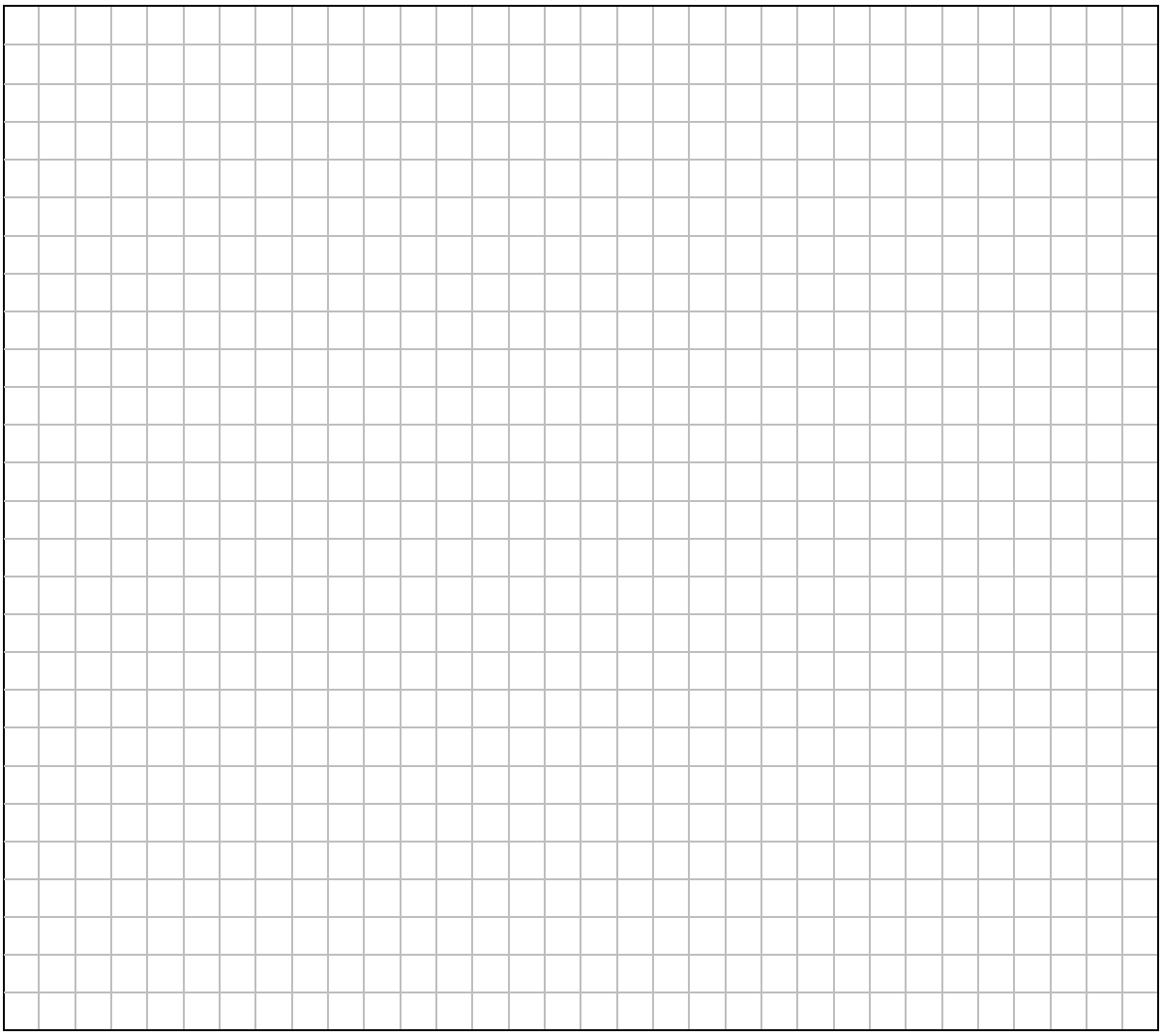
AT A MINIMUM, THE SITE PLAN MUST INCLUDE THE FOLLOWING, ALONG WITH DISTANCES BETWEEN:

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

Include neighboring information if neighbor's system is within 75 ft of your property. It is the applicant's responsibility to provide accurate information.

INCOMPLETE SITE PLANS WILL BE RETURNED

NORTH



NOT TO SCALE

Applicant Name: _____

Property Tax Id#: _____