



2022 APPLICATION FOR PERMIT or EVALUATION

NOT REFUNDABLE OR TRANSFERABLE - PAYABLE TO THE BAY COUNTY HEALTH DEPARTMENT

Environmental Health Division, 1212 Washington Avenue, Bay City, MI 48708 - (989) 895-4006 #3

No action can be taken until this APPLICATION is COMPLETED, both FRONT and BACK, and PROPER Fee is PAID.

| | | | | | |
|------------------------------------|-----------------------|---------------------|---------------------|------------------------------|-------------------------------|
| Office Use: Rec'd by: _____ | Date: _____ | Amt \$ _____ | Check# _____ | Ca. <input type="checkbox"/> | C.C. <input type="checkbox"/> |
| Receipt # _____ | Septic Permit # _____ | Well Permit # _____ | Tank Permit # _____ | | |
| Date Flagged: _____ | NOTE: _____ | | | | |

APPLICANT: _____ Phone #: _____

MAILING ADDRESS: _____ / _____ / _____
Number Street/Road City Zip

PERMIT MAILED: Yes No OR PERMIT EMAILED: _____
Email Address

VACANT LAND EVALUATION \$230.00
 NEW SEWAGE **PERMIT** (Vacant Land Evaluation required for permit) \$306.00
TOTAL COST FOR BOTH \$536.00

REPLACEMENT SEWAGE **PERMIT** \$536.00

SEWAGE **TANK** REPLACEMENT \$230.00

LOAN EVALUATION, ONSITE SEWAGE SYSTEM **OR** WELL EVALUATION **EACH** \$234.00

LOAN EVALUATION, ONSITE SEWAGE SYSTEM **AND** WELL EVALUATION **BOTH** \$364.00

Note(Loan evaluations for well include 2 water samples, Bacti, Partial Chemical.)

WELL **PERMIT** - Residential _____ New _____ Replacement \$306.00

Commercial _____ New _____ Replacement \$610.00

| PROPERTY INFORMATION | | |
|--|----------------|-----------------------------|
| Property Address/Road: _____ | City: _____ | Zip: _____ |
| Property Code Number: 09 - - - - - | | |
| Township: _____ | Section: _____ | Lot#: _____ Lot Size: _____ |
| Do you own the property? <input type="checkbox"/> YES <input type="checkbox"/> NO, Name & Phone# of Owner: _____ | | |
| Is the property suspected to be within a Flood-plain or Wetland? <input type="checkbox"/> NO <input type="checkbox"/> YES, you should contact the DEQ, Land and Water Division (989) 894-6200 | | |

| | | |
|--|--|--|
| <p>NEW/REPLACEMENT CONSTRUCTION</p> <p><u>Commercial</u></p> <p>___ # of Employees</p> <p><u>Residential</u></p> <p>___ # of Bedrooms</p> <p>___ With Basement</p> <p><u>Water Supply:</u></p> <p>___ Well</p> <p>___ Municipal</p> <p><u>Fuel Oil Heat?</u></p> <p>___ Yes</p> | <p>Show location of property to the nearest crossroads</p> <p>DRIVING DIRECTIONS</p> <p>▲</p> <p>N</p> | <p><u>LOAN EVALUATION</u></p> <p>Age of Sewage System _____</p> <p><u>REASON FOR EVALUATION</u></p> <p><input type="checkbox"/> Replacing House</p> <p><input type="checkbox"/> Adding a Bedroom</p> <p>___ Existing</p> <p>___ Proposed</p> <p>___ Use Existing System</p> <p>___ Other _____</p> |
|--|--|--|

Must be completed for Loan Evaluations

Applicant is required to arrange for a septic hauler to be present to pump septic tank at time of inspection. Applicant must call this department and septic hauler to set up a mutually agreeable day and time for this to take place.

Age of House: _____ years Number of Bedrooms: _____ Is House Presently Occupied? YES NO

WELL INFORMATION

Well Location:
Well Depth: _____ ' Casing Diameter: _____ "
Well Drilled By:
Date:

Note: Partial Chemical samples are forwarded to the MDEQ Lab in Lansing, Michigan. Results from MDEQ are available in 1-2 weeks.

SEPTIC SYSTEM INFORMATION

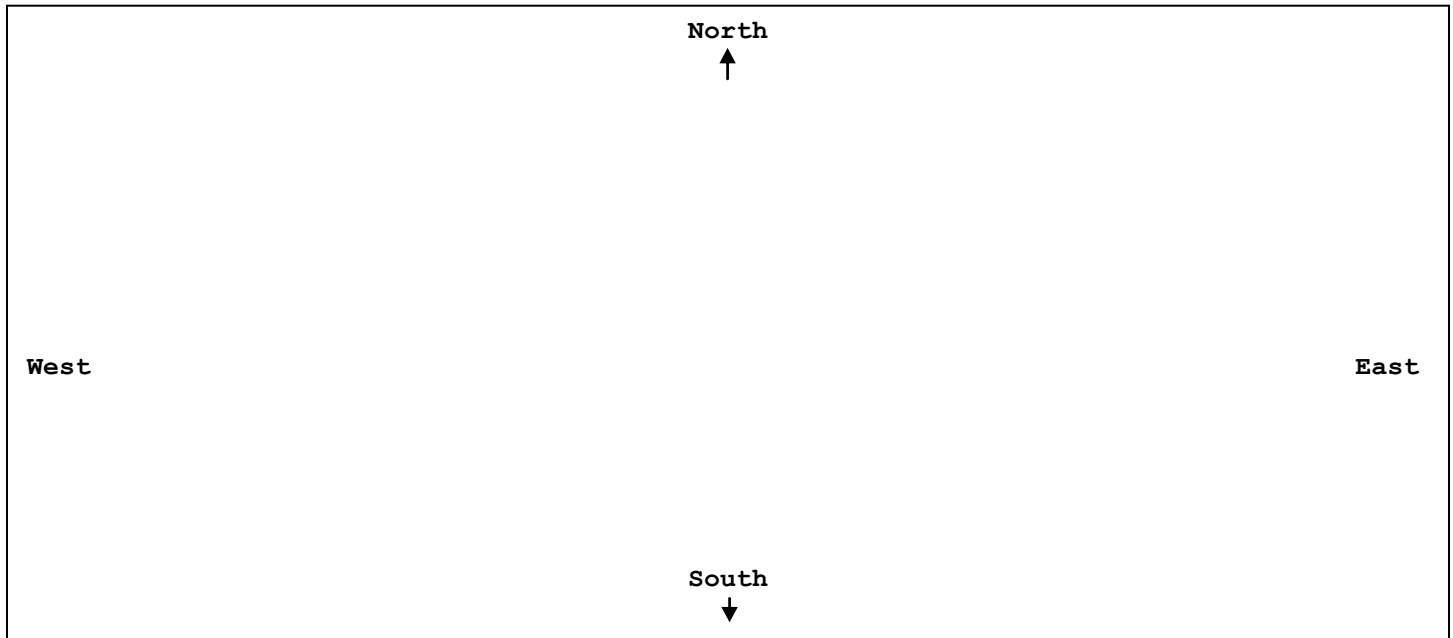
Septic Tank Size: _____ Gals.
Disposal Area Size: _____ Square Feet
Installed By:
Approx. Date Installed:
Date of Last Pumping:

Site Layout - MUST Be Complete

Draw and show, if possible, the location of the following facilities for the property referenced on this application and adjacent lots where buildings are located within 150 feet of your property.

You must include, to the best of your knowledge:

- a) Property lines/dimension(s), sewage and well system location, driveway, pole barns(s), easements, drains, ditches and utilities.
- b) Measurements in relation to lot lines.



I hereby agree to comply with the Sanitary Code of Bay County, the well ordinance and any other code that applies to any permit issued to me or the permittee I represent. I give or have secured permission for the Bay County Health Department to enter the property referenced in this application for the purpose of making an onsite evaluation to determine the suitability of said parcel for construction of an onsite sewage disposal system and/or water supply, or to investigate health and/or environmental hazards and to issue public health orders to abate same. I also agree to comply with any design requirements or other requirements on the permit(s). Any Deviation from the specifications on the permit(s) must be approved in advance by the health Department. I also understand that the issuance of a permit does **not** constitute a guarantee of proper septic system functioning.

Appeals regarding any permit must be submitted to the Health Officer within ten (10) days of issuance of any permit.

***Homeowner may be required to provide the digging of test holes for soil analysis. Sanitarian will contact you.**

Signature _____ Date _____