



Washtenaw County Public Health • Environmental Health Division

705 N. Zeeb Road, P.O. Box 8645 • Ann Arbor, MI 48107- 8645
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APPLICATION FOR NON RESIDENTIAL WELL / SEPTIC PROJECT

Application For:

- Soil Evaluation, Sewage Permit, Septic Tank Only Permit, Sewage System Repair Permit, Seasonal High Water Table Evaluation, Feasibility Study for Onsite Sewage Disposal, Test Well, Well Permit, Site Inspection

Property Tax ID #: Township:

Address of Property:

City: Zip: Nearest Two Crossroads:

Note: Permits will not be issued without the correct address assigned by the Township or local utilities company!

Has a soil evaluation been conducted on this property? Yes No If Yes, date of evaluation:

Are there utility easements through the property? Yes No If Yes, explain:

Description of Property (check one):

- Metes & Bounds - Provide a scaled Site Plan (1" = 40'), a Certified Survey, and Legal Description
Subdivision/Site Condo - Sub. Name: Lot #: Provide a scaled Site Plan (1" = 40')

Type of Water Supply (check one):

- Type I - Municipal water (issued by the State of Michigan)
Type II - Non-transient non-community water supply (examples: schools, daycare centers, factories and office buildings)
Type II - Transient non-community water supply (examples: motels, restaurants, medical offices, parks, campground and churches)
Type III - Examples: small apartment complex, small grocery or retail store, businesses with less than 25 employees

Type of Building/Proposed Use (attach additional pages as necessary):

Type of commercial building proposed:

Estimated daily sewage flow in gallons per day (GPD):

Type of waste to be discharged (domestic, laundromat, industrial, etc.):

Attach a letter detailing the intended use of the building, expected daily discharge and the type of waste from this facility.

APPLICANT:

Address:

City: State: Zip:

Work/Cell Phone: ()

Home Phone: ()

Email:

OWNER (if not Applicant):

Address:

City: State: Zip:

Work/Cell Phone: ()

Home Phone: ()

Email:

By signing below, I hereby certify that the information provided is complete and accurate. I further acknowledge that I am the property owner or am acting as an authorized representative on behalf of the property owner. I understand that work performed on my sewage system must be performed by a Washtenaw County Certified Sewage System Installation and Repair Contractor, and that any permit issued as a result of this application will be considered property of the land owner.

Please note that it is the responsibility of the contractor or owner to contact the Miss Dig notification system at 811 or 800-482-7171 and comply with all requirements of the Miss Dig Underground Facility Damage Prevention and Safety Act before starting any excavation work.

Applicant's Signature:

Date:

FOR OFFICE USE ONLY

Case #:

CSS:

Case #:

Sanitarian: