Public Health - Muskegon County, Environmental Health Division
209 E. Apple Avenue, Muskegon, MI 49442
Phone: (231) 724-6208 Fax: (231) 724-1251 www.muskegonhealth.net

For Office Use Only
Date rec'd_____
Check #_____
Amount_____

WELL AND SEPTIC CONSTRUCTION PERMIT APPLICATION

Provide site plan per application directions.

PLEASE PRINT MAKE CHECKS PAYABLE TO: **PHMC** PERMITS ARE NOT REFUNDABLE

WATER WELL

( ) New Construction ( ) Replacement

( ) Private (single family use)	**$159***
( ) Type III (semi-public use)	**$175***
( ) Type II (public use-Separate application required)	**$375***
( ) Irrigation	**$135**

*Price includes bacterial and partial chemical samples.
ADDITIONAL WATER QUALITY TESTS MAY BE REQUIRED

SEWAGE DISPOSAL SYSTEM

( ) New Construction ( ) Repair/Replacement/Addition

( ) Private (single family) system	$175
( ) Commercial (public use) system	$175
( ) Commercial Plan Review	$100
( ) Septic Tank Only	$115
( ) Restone (trench repair)	$150

PERSON FURNISHING INFORMATION
□ owner □ builder □ installer □ well driller
Name _____
Address _____
_____
City _____
State _____ Zip _____
Phone ( ) _____

SITE LOCATION
Address/Lot # _____
_____ Zip _____
Township _____ Subdivision _____
Property size _____ acres _____ x _____
Owner _____ Phone ( ) _____
Parcel Number 61- - - -
Is parcel a result of a split after July 28, 1997? Y / N

□ **SINGLE FAMILY** □ **DUPLEX**

Y	**N**	
□	□	Ejector pump/Lower level bathroom
□	□	Footing drains
□	□	Fuel Oil Tank
□	□	Garbage disposal
□	□	Whirlpool tub

____ No. of bedrooms
____ No. of toilet rooms
____ No. of existing wells

COMMERCIAL SYSTEM
Type of facility _____
Building space _____ sq ft
Maximum occupancy/capacity _____
Number of employees _____
Additional information may be needed based on type of facility.

This information is correct to the best of my knowledge: _____
APPLICANT'S SIGNATURE

STAKE PROPOSED WELL & SEPTIC LOCATIONS ON PROPERTY

DO NOT WRITE BELOW – FOR DEPARTMENT USE ONLY

SEWAGE

Soil textures: gravel; coarse, medium, fine sands; loam; silt sandy loam (SL); sandy clay (SC)

BORING #1 BORING #2

_____ WT _____
_____ SHWT _____

Depth	Texture	Depth	Texture
_____	Topsoil: _____	_____	Topsoil: _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments: _____

WATER SUPPLY

	Y	N	NA	UNK
TEST BORING PRIOR TO PERMIT			□	□
AREA WELL LOG SEARCH	□	□	□	
AREA WATER QUALITY REVIEW	□	□	□	
KNOWN W/Q PROBLEMS IN AREA	□	□	□	□
KNOWN SITES OF CONTAMINATION	□	□	□	□
KNOWN SHALLOW WELL AREA	□	□	□	
DEPTH RESTRICTIONS (SUBDIVISION)	□	□	□	
ISOLATION DISTANCES SPECIFIED	□	□	□	
ABANDONED WELLS TO BE PLUGGED	□	□	□	□

Comments: _____

Date of Sewage/Water Evaluation Sanitarian

WHITE COPY – PHMC YELLOW COPY – INITIAL TO APPLICANT XEROX FINAL TO OWNER _____ (6201-12) Rev 1/10