

# Well and/or Sewage Treatment System Permit Application



**Public Health**  
Prevent. Promote. Protect.

Muskegon County

- Incomplete applications will not be accepted.
- A site drawing must be submitted with this application.
- Payment and signature on this form are required at the time of application.
- Make checks payable to: PHMC (Public Health – Muskegon County)
- Permits are not refundable.
- Fees are subject to annual changes. These fees are valid through September 2017.
- Please allow a minimum of two weeks for processing.

## Water Well Permit Application

New Well     Replacement Well

<input type="checkbox"/> Residential (single family use)	\$158*	<input type="checkbox"/> Type III (semi-public use)	\$233**
<input type="checkbox"/> Irrigation	\$135	<input type="checkbox"/> Type II (public use-separate application required)	\$433*

\*Fee includes bacterial & partial chemical samples. Additional water tests may be required.

\*\*Fee includes 2 bacterial samples, 1 partial chemical sample, and an additional site visit.

## Sewage Treatment System Permit Application

New Sewage Treatment System     Replacement Sewage Treatment System\*\*

**\*\*Replacement Sewage Treatment System requires the Operation/Maintenance Evaluation completed**

<input type="checkbox"/> Residential (single family use)	\$175	<input type="checkbox"/> Commercial***	\$175
<input type="checkbox"/> Septic Tank Only	\$115	<input type="checkbox"/> Commercial Plan Review***	\$100

## Property Information (must be filled out for all permit applications)

Address:		Township:		Zip Code:	
If no address, location description					
<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Commercial Use*** (if commercial use, answer additional questions below)					
Owner's Name:			Owner's Phone:		
Owner's Address: <input type="checkbox"/> same as above		Street:		City:                      Zip:	
Parcel # 61-		Is parcel a result of a split after July 28, 1997? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subdivision Name:		Lot #	Property size:		
Number of Bedrooms:		Number of Toilet Rooms:		Number of Existing Wells:	
Ejector Pump/Lower Level Bathroom? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Garbage Disposal? <input type="checkbox"/> Yes <input type="checkbox"/> No		Whirlpool Tub? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Footing Drains? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fuel Oil Tank (excluding propane)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
***If Commercial, please answer the following questions:					
***Type of Facility or Business:			*** Building Space (in square feet):		
***Maximum Occupancy/Capacity:			*** Number of Employees:		

## Person Providing Information (must be filled out for all permit applications)

Name:		<input type="checkbox"/> owner <input type="checkbox"/> builder <input type="checkbox"/> contractor <input type="checkbox"/> other:			
Mailing Address:		City:		Zip Code:	
Phone:		Additional Contact Name/Phone:			
Please select below how you would like to receive the permit. <u>Only check one.</u>					
<input type="checkbox"/> Mail		<input type="checkbox"/> Fax (    )		<input type="checkbox"/> Email:	
(if no box is checked, the permit will be sent by US Mail)					

**The information provided on and submitted with this application is correct to the best of my knowledge.**

Signature:			Date:		
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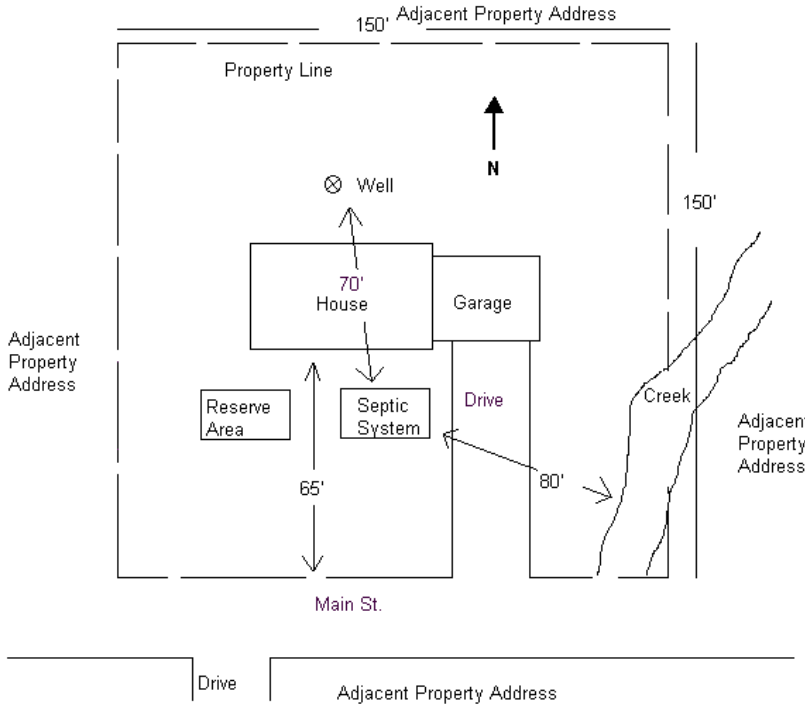
Date Received	Received By	Amount Paid/Check #	Receipt #
6201-30 (Rev Jan 2017)	Record ID#	Well Permit #	Septic Permit #

## Site Drawing

- **Provide an accurate site drawing with this application (see example below).** The drawing must show approximate distances. Include the following (and approximate distances):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> North Arrow       | <input type="checkbox"/> Surface Water       | <input type="checkbox"/> Replacement Septic System Area                     |
| <input type="checkbox"/> Road              | <input type="checkbox"/> Slopes or Drop-offs | <input type="checkbox"/> Well(s) ALL-irrigation, geothermal, drinking water |
| <input type="checkbox"/> House/Building(s) | <input type="checkbox"/> Known Contamination | <input type="checkbox"/> City Water Line(s) (on property)                   |
| <input type="checkbox"/> Driveway          | <input type="checkbox"/> Fuel Oil Tank(s)    | <input type="checkbox"/> City Sewer Line(s) (on property)                   |
| <input type="checkbox"/> Property Lines    | <input type="checkbox"/> Septic System       | <input type="checkbox"/> Adjacent Property Addresses                        |

- **Stake proposed well and/or sewage treatment system location.** Write "septic" or "well" on the stake.
- **Additional information may be required once this office has conducted the initial site evaluation.** Additional information may include, but are not limited to: backhoe cuts, critical dune and wetland evaluations.



### **TYPICAL ISOLATION DISTANCES**

#### Septic Tank Isolation

- 10' from basement wall
- 10' from lot line
- 10' from bank or drop-off
- 50' from private water well
- 75' from semipublic water well

#### Absorption System Isolations

- 10' from basement wall
- 5' from lot line
- 15' from bank or drop-off
- 50' from private water well
- 75' from semipublic water well

### **Site Drawing for Address of Application**

**Sewage Treatment System Elevation Requirements**

The Sewage Treatment System Permit contains crucial minimum elevation data. This data indicates the required elevations to the bottom of the drainage portion of the sewage treatment system. It is imperative you share this information with your plumbing and septic system contractors prior to any construction.

The minimum elevation to the bottom of the drainage system, the soil boring, and grade elevation location information can be found on the sewage treatment system permit, application, and corresponding documents.

If you have any questions regarding the grade elevation, its location or you require verification or relocation of the grade elevation, contact this office and speak with the area sanitarian. We are available to meet with you at the site to re-evaluate and clarify the grade elevation prior to installation of the sewage treatment system.

After construction it may not be possible to obtain the required drainage system elevation without the installation of a sewage lift pump and pump chamber.

Failure to install the system according to the permit conditions will void the permit.

If you have questions regarding this document, or wish to speak with the area sanitarian, please call: 231-724-6208.

Septic Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Sewage Treatment System Operation/Maintenance Evaluation  
(complete this if sewage treatment system is not working properly)**

To be completed by the owner/occupant. This information is collected in order to better understand the household's use and determine appropriate sizing for a new system.

Approximate year the house was built?	
Estimate of how many years the existing sewage disposal system has been in use?	
How long has the current family lived here?	Number of people living in the home?
Approximately how often is the septic tank pumped (years)?	
How many loads of laundry are run each week?	
Are all the laundry loads usually done on the same day? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a separate system for the laundry or kitchen sink? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a garbage disposal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a lower level bathroom with a pump system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a whirlpool tub in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the water softener discharge into the septic system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have any changes been made to the septic system since the original system was installed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what?	
Why are you fixing or replacing the sewage treatment system? (check all that apply)	
<input type="checkbox"/> Renovation/new construction/addition	<input type="checkbox"/> System doesn't meet code
<input type="checkbox"/> Township or Public Health require it	<input type="checkbox"/> Plumbing is slow to drain
<input type="checkbox"/> Sewage is backing up into the home	<input type="checkbox"/> Sewage is coming out of the ground
<input type="checkbox"/> Recommendation from a pumper, installer, or plumber	
If you have any further comments or information about the system, please provide it here:	