



Washtenaw County Department of Public Health
 Environmental Health Division
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 www.eWashtenaw.org

APPLICATION FOR NON-RESIDENTIAL WELL/SEPTIC PROJECT

Application For:

- Soil Evaluation
- Sewage Permit
- Septic Tank Only Permit
- Sewage System Repair Permit (soil absorption field only)
- 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: _____

OWNER (if not Applicant): _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Work/Cell Phone: (_____) _____

Work/Cell Phone: (_____) _____

Home Phone: (_____) _____

Home Phone: (_____) _____

Email: _____

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.

Applicant's Signature: _____

Date: _____

FOR OFFICE USE ONLY

Case #: _____

CSS: _____

Case #: _____

Sanitarian: _____