



Washtenaw County Public Health • Environmental Health Division

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APPLICATION FOR RESIDENTIAL WELL / SEPTIC PROJECT

Application For:

- Soil Evaluation*
Sewage Permit – New
Sewage Permit – Replacement**
Septic Tank Only Permit
Sewage System Repair Permit (soil absorption field only)
Test Well
Well Permit – New
Well Permit – Replacement
Are you currently out of water? Yes No
Seasonal High Water Table Evaluation
Feasibility Study for Onsite Sewage Disposal
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!

Description of Property (check one):

- Metes & Bounds – Acres: Provide a scaled site plan (1" = 40') and a Certified Survey/Legal Description
Subdivision – Subdivision Name: Lot: Provide a scaled Site Plan (1" = 40')

Type of Building/Structure (check one):

- New – Single family dwelling with bedrooms, bathrooms (including rough-in plumbing)
Existing – Single family dwelling with bedrooms, bathrooms (if an addition, total bedrooms, bathrooms)
Other:

Is municipal sewer available? Yes No If Yes, is it utilized? Yes No
Is municipal water available? Yes No If Yes, is it utilized? Yes No
Is this application request the result of a Time of Sale inspection? Yes No

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 property 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:

*Soil Evaluation Type: Conventional Alternative
**Sewage Permit Replacement Type: With Soil Evaluation Without Soil Evaluation