



Washtenaw County Department of Public Health  
 Environmental Health Division  
 705 N. Zeeb Road, P.O. Box 8645  
 Ann Arbor, MI 48107- 8645  
 Phone: (734) 222-3800 Fax: (734) 222-3930  
 www.eWashtenaw.org

## APPLICATION FOR RESIDENTIAL WELL/SEPTIC PROJECT

**Application For:**

- |  |  |
|--|--|
| <input type="checkbox"/> Soil Evaluation*<br><input type="checkbox"/> Sewage Permit – New<br><input type="checkbox"/> Sewage Permit – Replacement**<br><input type="checkbox"/> Septic Tank Only Permit<br><input type="checkbox"/> Sewage System Repair Permit (soil absorption field only)<br><input type="checkbox"/> Test Well | <input type="checkbox"/> Well Permit – New<br><input type="checkbox"/> Well Permit – Replacement<br>Are you currently out of water? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Seasonal High Water Table Evaluation<br><input type="checkbox"/> Feasibility Study for Onsite Sewage Disposal<br><input type="checkbox"/> 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:** \_\_\_\_\_

**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 property owner.

**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