Print Form Clear Form

Washtenaw County Department of 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.

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