

IONIA COUNTY HEALTH DEPARTMENT

175 East Adams Street
Ionia, Michigan 48846
616-527-5341/Fax 616-527-8202



Application For:

Land Evaluation

- Vacant (New)
- Existing (Repair/Addition)
- Residential
- Commercial

Septic Permit

- Residential
- Commercial
- _____ #of employees
- # of bedrooms _____
- Garbage disposal

Well Permit

- Residential
- Type II
- Type III
- Irrigation, monitoring, test well, processing plant

- New
- Repair

- Other**
- Site Consultation

PROPERTY SITE

Address _____
(number) (street, road, avenue) (city) (zip)

Property Tax ID # _____ Sec # _____

Township _____ Acreage _____ Side of Road N S E W

Subdivision/Site Condo Name _____ Lot # _____

APPLICANT INFORMATION

Name _____ Phone # () _____ Cell # () _____

Mailing Address _____
(number) (street, road, avenue) (city) (state) (zip)

OWNER INFORMATION

Name _____ Phone # () _____

Mailing Address _____
(number) (street, road, avenue) (city) (state) (zip)

I hereby make application in good faith for a well and/or onsite sewage disposal system. I give or have secured permission for the Health Department to enter the property referenced in this application for the purpose of making an onsite evaluation to determine the suitability of said parcel for construction of an onsite sewage disposal system and/or water supply, or to investigate health and/or environmental hazards and to issue public health orders to abate same.

Signature _____ / / _____ Date _____ Owner () Agent () Applicant ()

Office Use Only		
Date Received ___/___/___	Fee Paid _____	Receipt # _____
Appt Date ___/___/___	Appt Time _____ am/pm	

Ionia County Health Department Information Sheet

Have you included:

- Copy of Survey OR recorded platted lot showing lot dimensions
- 3 copies of scaled plot plan showing:
 - Property boundaries and dimensions
 - House structure and other building locations and dimensions
 - Location of existing well/septic
 - Location and distances of on-site and neighboring wells, septic systems, underground fuel tanks and storm drains within 100 feet of property boundaries
 - Location of proposed well and on-site sewage disposal system including area designated for replacement septic system
 - Location of surface water, wetlands and floodplains if applicable
 - Location of proposed or existing underground utilities if applicable (telephone, cable, electric water supply, sewers, gas, etc.), easements of proposed or existing building site
 - Isolation distances from well to septic system (tank, drainfield), well to fuel oil tank, septic/well to buried fuel oil tanks
 - Location of proposed or existing above or below ground swimming pools, decks, detached garages, storage structures and facilities which may impact water supply and/or sewage disposal systems or construction of same

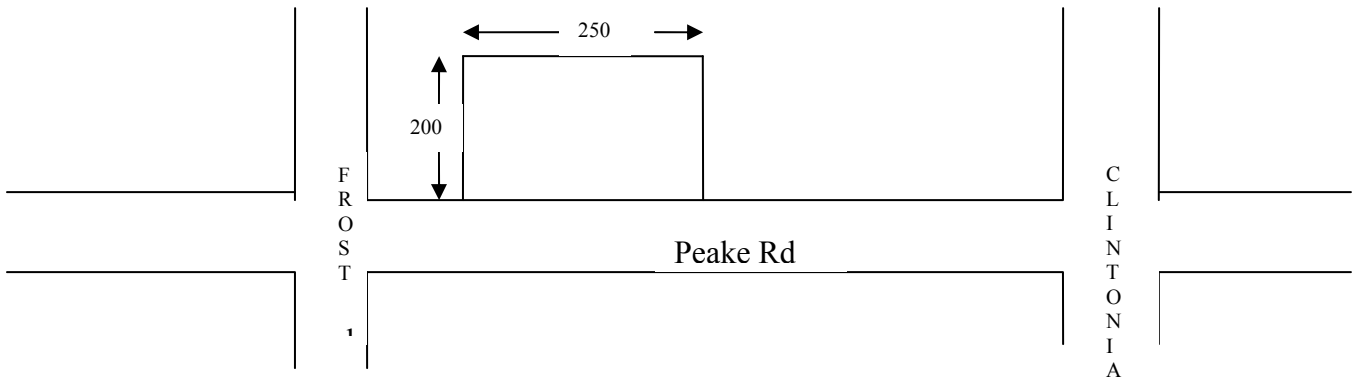
If you should have any questions, do not hesitate to contact this office at 616-527-5341.

→ Over

REMINDER

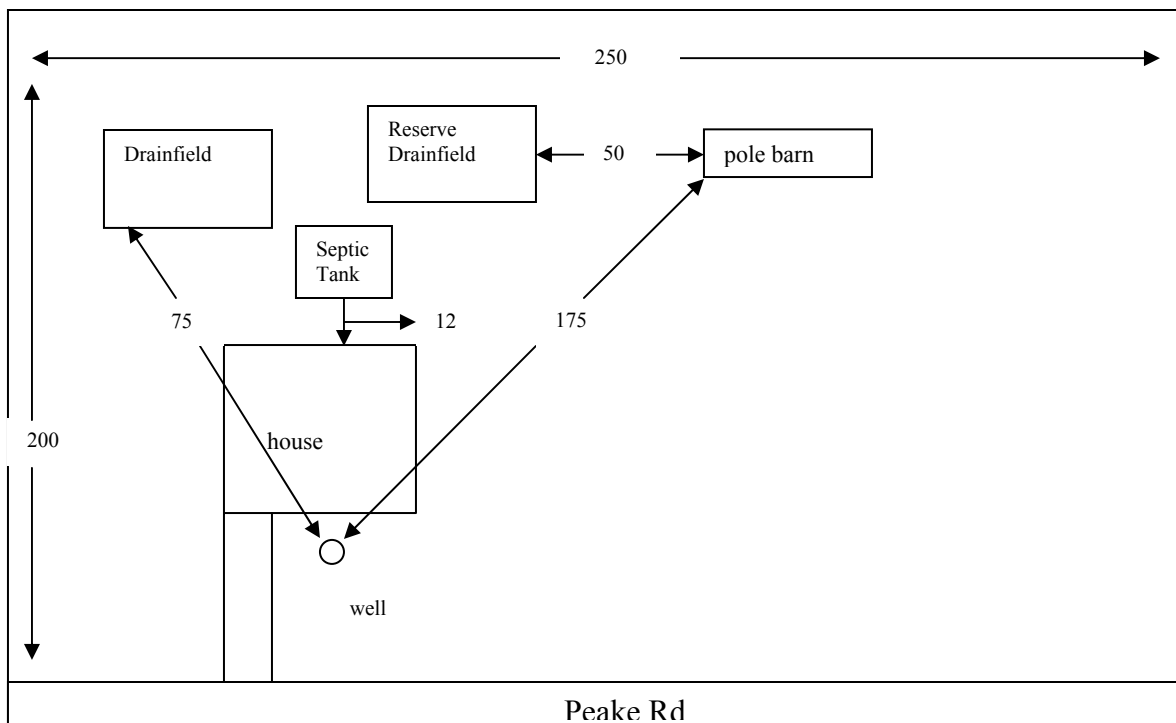
1. Complete all items on application form and site plan (see information sheet)
2. General location map for where work is to be done.

PLEASE BE ACCURATE



3. The permit application will not be processed until a **BACKHOE APPOINTMENT IS ARRANGED**. The backhoe operator of your choice must contact the sanitarian to arrange such appointment. The best time to reach them by phone is between 8:00 and 9:00 A.M., Monday through Friday.
4. We must have an accurate scaled or dimensioned plot plan before the permit can be issued.

EXAMPLE

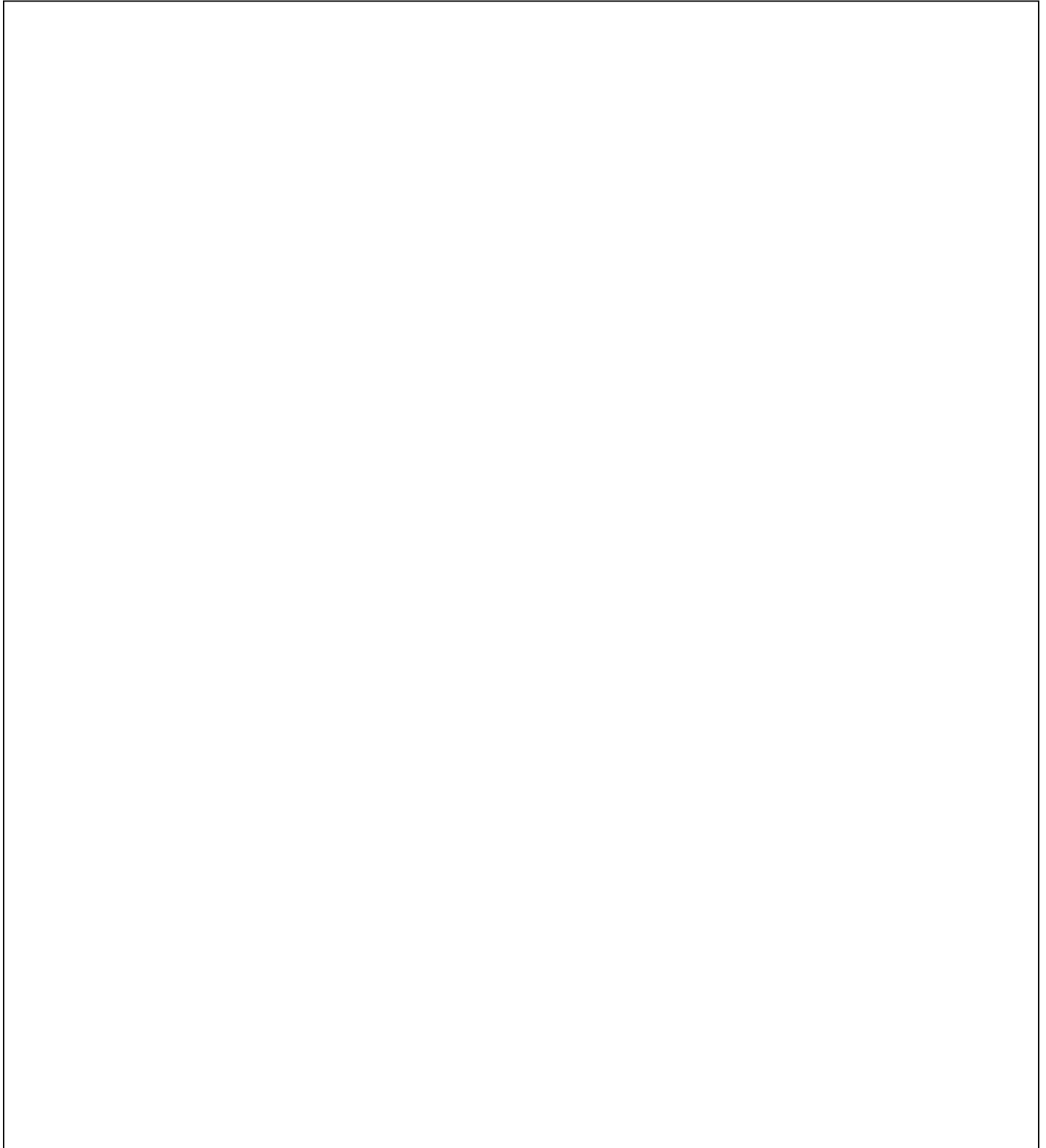


Ionia County Health Department

SITE PLAN

For _____
Number Road, Street, Avenue City Township

North



South