



ALLEGAN COUNTY HEALTH DEPARTMENT

3255 – 122nd Avenue, Suite 200, Allegan, MI 49010

Environmental Health Division Phone: (269) 673-5415 FAX: (269) 673-4172

Email: AlleganEH@allegancounty.org

Date
Receipt
Amount

APPLICATION FOR ONSITE WATER AND/OR SEWAGE DISPOSAL SYSTEMS

<input type="checkbox"/> Out of Water/Emergency	<input type="checkbox"/> Sewage on the ground	<input type="checkbox"/> Utility or essential service (electric, gas, school, etc)
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Residential Septic System Construction Permit

<input type="checkbox"/> New <input type="checkbox"/> Replacement (Includes soil evaluation)		Municipal Water Available? Yes/No Utilized? Yes/No	
Single/Two Family		Expires 1 year from the date of issuance; may be extended 1 year	\$325.00
Three/Four Family			\$350.00
Alternative/Advanced Treatment			\$530.00
Residential Site Conditions	Number of Bedrooms	Number of Future Bedrooms	
Total square footage of proposed/existing home (please include basement square footage)			
Circle appropriate answers below			
Yes / No	Garbage Grinder	Yes / No	Oversized Tub/Jacuzzi
Yes / No	Water Softener discharge	Yes / No	Basement Plumbing
Yes / No	Duplex	Yes / No	Existing Wells on the property
Yes / No	Sewage Ejector/Grinder Pump	Yes / No	Less than an acre after July 28, 1997

Residential Well Construction Permit

(Please check all that apply – Does **NOT** include water samples)

<input type="checkbox"/> New	<input type="checkbox"/> GEO	Municipal Water	
<input type="checkbox"/> Replacement	<input type="checkbox"/> Test	Available? Yes/No	Utilized? Yes/No
<input type="checkbox"/> Residential	<input type="checkbox"/> Sock	\$275.00	Is there an existing well on property? Yes / No
<input type="checkbox"/> Type III	<input type="checkbox"/> Irrigation		

Commercial Septic System Permit

<input type="checkbox"/> New <input type="checkbox"/> Replacement (includes soil evaluation)		Municipal Sewer Available? Yes/No Utilized? Yes/No	
Less than 1,999 gallon/day capacity		\$400.00	
2,000 – 4,999 gallons/day capacity		\$550.00	
5,000 – 9,999 gallons/day capacity		\$700.00	
10,000 – 19,999 gallons/day capacity (Community System)		\$850.00	
Alternative/Advanced Treatment		\$1,000.00	

COMMERCIAL (Type II) WATER SUPPLIES USE SEPARATE MDEQ FORM

Name of company: _____

Description of business: _____

# of Employees	# of Customers (if applicable)	# of Seats (if applicable)
Days of Operation	Hours of Operation	Building Dimensions

PROPERTY OWNER INFORMATION

Name of Property Owner _____

Address _____ City _____ Zip Code _____

Home or Cell _____ Email _____

APPLICANT INFORMATION (IF DIFFERENT FROM OWNER)

Name _____ Company _____

Address _____ City _____ Zip Code _____

Phone _____ Email _____

PROPERTY LOCATION INFORMATION TAX/PARCEL ID 03- _____ - _____ - _____ Township _____

Address _____ (if assigned) CITY _____ Zip Code _____

Subdivision _____ Lot # _____ Section # _____ Width _____ Length _____ Acres _____

Permits are *not* transferrable. NOTE: Fees for permits will be doubled if construction commences before a permit is obtained.

Please complete site drawing on back

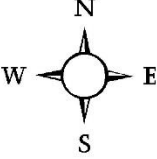
Signature Required: _____ Date: _____

IT IS OUR GOAL TO PROCESS ALL APPLICATIONS WITHIN 14 BUSINESS DAY

SITE PLAN DRAWING

All submitted applications must be accompanied with a site plan drawing. PLEASE include all of the following that apply.

Lot/parcel lines and dimensions	Water frontage	NEIGHBORING PROPERTIES
Existing/proposed structures with dimensions	Driveway	Approximate location of wells
Existing/proposed and reserve septic systems	Frontage roads	Approximate location of septic system
Existing/proposed water supplies	All easements and right of ways	Approximate location of ALL storage tanks (fuel oil, gasoline, etc.)
Setbacks from property lines to all buildings	All unusual land features	
ALL storage tanks (fuel oil, gasoline, etc.)		



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