

Tuscola County Health Department

Environmental Health Division

1309 Cleaver Road, Suite B

Caro, MI 48723-9135

Phone: 989/673-8114 Ext. 4

DIRECTIONS TO FOLLOW WHEN APPLYING TO USE AN EXISTING SEWAGE DISPOSAL SYSTEM AND/OR WATER SUPPLY.

1. Complete the appropriate section(s) on the attached application. The application will not be processed until the fee is paid and the application is properly completed. Applications cannot be faxed.
2. Make sure the directions to the site are clear. Use distances from nearest crossroads, landmarks, neighbor's addresses, etc.
3. The Property Identification Number from the property tax statement **MUST be provided before the application can be processed.** (This number is also available from the Treasurers Office.)
4. Provide accurate, **before** and **after** site plans with measurements **on back of application.** The site plans must show the location of the well and sewage system.
5. The application must be signed and dated by the applicant. Applications are Non-Refundable after six months when requested services not completed. **Usage Approvals expire one year from issuance.**
6. Allow a minimum of one week for our department to respond to your application and return the results.

PROCEDURES AFTER COMPLETION OF THE APPLICATION:

1. Return the following to the Health Department:
 - A. Properly completed application forms.
 - B. The **\$145.00** fee **MUST** be submitted with the application.
 - C. Site appointments are recommended.
2. For evaluation of an existing sewage system and water supply do the following:
(Please verify with health department prior to uncovering systems.)
 - A. **Septic tank** - uncover the tank and have the lid loosened for removal unless finalized permit available.
 - B. **Disposal Field** - uncover the corners of drain field disposal pipe if permit with drawing is not available.
 - C. **Well** - if not clearly identified place a flag where it is located and/or uncover if exact well location is unknown.

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(This application expires in one year.)

CMHC # _____

APPLICATION TO USE AN EXISTING WATER SUPPLY AND/OR SEWAGE SYSTEM

Property Address: _____ Directions to Property: _____

County: _____ Township: _____ Section #: _____

Subdivision: _____ Lot #: _____ Property ID #: _____

Property Size: Road Frontage: _____ Acres: _____ Residential ____ Commercial ____

Owner's Name: _____ Ph. #: _____ Work #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Applicant's Name: _____ Ph#: _____ Work #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Dwelling Information

Type of Project: Replacement Dwelling: ____ Addition: ____ Other (explain): _____

Existing: # of Bedrooms: ____ Spa Tub: Yes__ No __ Laundry: Yes __ No __ Square Footage: _____

Proposed: # of Bedrooms: ____ Spa Tub: Yes__ No __ Laundry: Yes __ No __ Square Footage: _____

List any other rooms being added: _____

Sewage System Information

1. Permit for system: Yes ____ No ____
2. Permit #: _____ Year Installed: _____
3. Permit Issued To: _____
4. Name of Installer: _____
5. Year tank last cleaned: _____

Water Supply Information

1. Permit for system: Yes ____ No ____
2. Permit #: _____ Year Installed: _____
3. Permit Issued To: _____
4. Name of Installer: _____

I state the above information is accurate including site plans (see directions and complete back of form or additional page).

Applicant's Signature _____

Date _____

THIS AREA FOR HEALTH DEPARTMENT USE ONLY

Acceptable: Yes ____ No ____

Comments:

Sanitarian: _____

Date: _____

VALID FOR ONE YEAR ONLY

Date Rec. _____ Receipt # _____ Amt. _____

Existing Site Plan

Proposed Site Plan

Please complete required site plan here.

Please complete required site plan here.

(This area for health department use only)

OPERATION AND MAINTENANCE EVALUATION

- 1. Date of evaluation: _____
- 2. Permits on file: Sewage system: Yes ___ No ___ Well: Yes ___ No ___
- 3. Date systems installed: _____ Year tank last cleaned: _____
- 4. If permit not available describe system: _____

- 5. Well isolation acceptable (including neighbors): Yes ___ No ___
- 6. Well construction: _____

- 7. Evidence of sewage system failure: Yes ___ No ___ Unable to Determine ___
- 8. Proper plumbing connections (sump pump, laundry, softener, etc.): Yes ___ No ___

SANITARIAN VERIFICATION:

Sanitarian Date