

Tuscola County Health Department

Environmental Health Division

1309 Cleaver Road, Suite B

Caro, MI 48723-9160

Phone: 989-673-8119

(This application expires one year after date of submittal)

Application for: Sewage Permit _____ Water Supply Permit _____ Both _____

Site Address: _____ City _____ Zip Code _____ Township: _____

Directions to Property _____

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

Property Size: Road Frontage _____ Depth _____ Acres _____ Residential ☐ Commercial ☐

Owner's Name _____ Phone # _____ Work # _____

Mailing Address _____ City _____ State _____ Zip _____ Email _____

Applicant's Name _____ Phone # _____ Work # _____

Mailing Address _____ City _____ State _____ Zip _____ Email _____

Sewage Permit Applicants Please Complete the Following:

1. Date Test Holes Ready _____
2. New ☐ Replacement ☐
3. # of Bedrooms _____ # of Occupants _____
4. Garbage Disposal Yes ☐ No ☐
5. Basement Yes ☐ No ☐
6. Spa Tub Yes ☐ No ☐
7. Licensed Child or Adult Care Home Yes ☐ No ☐
8. Square Footage of Dwelling _____
9. Name of Installer _____
10. If water supply is existing, indicate type: _____

Water Supply Permit Applicants, Please Complete the Following:

1. New _____ Replacement _____
2. Drilled Well ☐ Bored Crock ☐ Hauled ☐
3. Single Family Home Yes ☐ No ☐
4. Existing Well Abandoned: Yes ☐ No ☐ N/A ☐
5. Liquid (non-propane) Fuel Tanks Yes ☐ No ☐
6. Well Driller _____
7. Pump Installer _____

SITE PLAN

(See direction sheet)



MUST COMPLETE REQUIRED SITE PLAN HERE

This is NOT a permit. Any installation prior to the issuance of a permit will result in a fee of three (3) times the basic permit fee. I hereby certify the above information is accurate and that payment of the non-refundable application fee does not guarantee the issuance of a permit.

Enclosed is my remittance of \$ _____ (mail check or money order only).

Application ☐ Relocation ☐ Transfer ☐

Applicant's Signature

Date

CHECK MUST CLEAR BEFORE VALID PERMIT

Date Recd.: _____ Receipt # _____ Amt Recd.: _____ Septic Permit # _____ Well Permit # _____

**THIS SIDE FOR HEALTH DEPARTMENT USE ONLY
SITE EVALUATION WORKSHEET**

SEWAGE:

1. Soil Boring Results:

1' ---
2' ---
3' ---
4' ---

1' ---
2' ---
3' ---
4' ---

2. Seasonal High Water Table/Mottling at _____ inches.
 3. Isolation Distances that are Applicable: _____
 4. Topography/Slope: _____
 5. Area Available for Initial and Replacement Systems: Yes _____ No _____
 6. Proposed Development: _____
 7. System Design: _____
 8. Benchmark: Yes _____ No _____
 9. Comments: _____

Sanitarian

Date

WATER SUPPLY:

1. Well Location Acceptable: Yes _____ No _____
 2. Deviations: Yes _____ No _____
 3. Existing Well On Site: Yes _____ No _____
 4. Special conditions: Yes _____ No _____
 5. Comments: Yes _____ No _____

Sanitarian

Date

REPLACEMENT SYSTEM EVALUATION:

1. System Failure: Yes _____ No _____ 2. Type of System: ☐ Bed(size ft²) _____ ☐ Trench (size ft²) _____
 3. Dates of Previous Repair: _____ 4. Age of System: _____ Years 5. Tank Size (Gal.) _____ ☐ Unknown
 6. Septic Tank Type: ☐ Single ☐ Two Compartment ☐ More than one Tank ☐ No Tank
 7. System Design: ☐ Gravity bed ☐ Dosed bed ☐ Pressure dosed bed ☐ Gravity trenches ☐ Dosed trenches
☐ Pressure dosed trenches ☐ Gravity mound ☐ Dosed mound ☐ Pressure dosed mound ☐ Chambers ☐ Drywells
☐ Other _____ ☐ Advanced treatment units _____ ☐ none ☐ Unable to determine
 8. Installed Under Permit? Yes _____ No _____ Permit # _____ 9. # of Occupants: _____ # of Bedrooms _____
 10. Sewage on Surface of Ground? Yes _____ No _____ 11. Complaint Filed? Yes _____ No _____ Complaint # _____
 12. Replacement: Tank _____ (T) Field _____ (F) Tank & Field _____ (T/F) 13. Depth of Existing System: _____ feet
 14. Soils: ☐ Course Sand, Medium sand ☐ Fine Sand, Loamy sand ☐ Sandy loam ☐ Loam, Sandy clay loam ☐ Clay
 Loam, silt loam ☐ Clay, Silt ☐ Organic soil, Fill soil
 15. Reason for Replacement: ☐ Septic Tank Failure ☐ Infrequent tank pumping ☐ Pipe filled with solids
☐ Damaged/Collapsed piping system ☐ Hydraulic overload ☐ System undersized ☐ insufficient isolation to water
 Table ☐ root Intrusion ☐ Installation error ☐ Unsuitable fill ☐ dirty stone ☐ Excess cover
☐ Lack of maintenance ☐ Soil Clogging ☐ Unable to Determine ☐ Other

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Date