Tuscola County Health Department

Environmental Health Division
1309 Cleaver Road, Suite B
Caro, MI 48723-9160
Phone: 989-673-8119, Website: www.tchd.us

(This application expires one year after date of submittal)

FACT SHEET – Effective October 1, 2026

DIRECTIONS WHEN APPLYING FOR A SEWAGE DISPOSAL PERMIT AND/OR WATER SUPPLY PERMIT

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. **Make sure to submit both sides of the application.**

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 Treasurer's Office).

4. Draw an accurate **site plan with measurements ON THE APPLICATION**. Follow the directions on the back of this form.

5. The application must be signed by the owner or applicant and dated. Applications are Non-Refundable after six months when requested services not completed. ***Permits expired one year from issuance.***

6. Allow a minimum of one week for our department to respond to your application and/or send you the results. Site appointments may be arranged by contacting the department after submitting application.

PROCEDURES AFTER COMPLETION OF THE APPLICATION:

1. Return the following to the Health Department:
   a. Properly completed application form (s) with site plan. **Make sure to submit both sides of the application.** Feel free to make a copy for your file.
   b. The appropriate fee **MUST** be submitted with the application, paid to the order of **(T.C.H.D.)** Tuscola County Health Department.
      Well: **$312.00** Sewage: **$464.00** Sewage Replacement: **$464.00** Transfer: **$32.00**
      Relocation: **$249.00** Tank Only: **$308.00** ***Call for Commercial Fees***
   c. **Appointment will not be scheduled until completed forms and fees are received in office.**

2. **For sewage system**, follow these steps in digging the **two (2) holes for the soil evaluation:**
   a. Holes should be approximately four (4) feet deep and 6-8 inches in diameter.
   b. Locate the two (2) holes at least 40 feet apart in the area of the proposed tile field.
   c. Holes may be dug with a post hole digger, backhoe or similar device.
   d. If a backhoe is used, please contact the Health Department to schedule an appointment.
   e. It is recommended that test holes be covered (i.e. board, plastic, pail, etc.)
   f. Flags are to be placed at each hole and by the road to identify the location.
   g. Notify the Health Department when the two (2) test holes are ready for inspection.

3. **For water system**, follow these steps:
   a. Apply and receive permit prior to well construction.
   b. Notify the Health Department upon well completion to schedule a final inspection. Water must be clear of chlorine prior to sampling.
   c. An **additional fee will be charged** if final inspection and sampling are not completed prior to permit expiration date.

Helpful Hints for Preparing a Site Plan

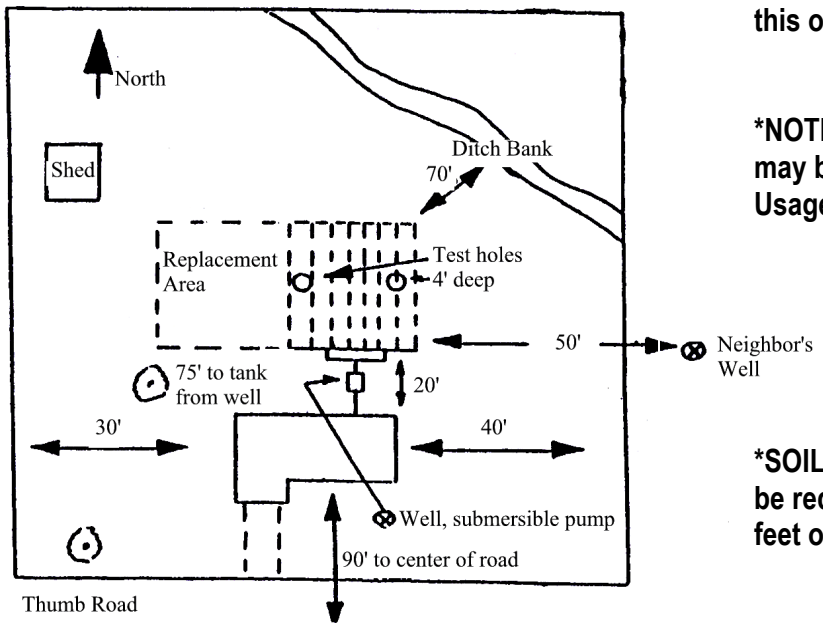
1. In the space provided on the application draw an accurate site plan with measurements.

2. Include such features as: ✓garages, ✓sheds, ✓neighboring wells within 100ft., ✓sewage systems and replacement areas on the property; ✓other neighboring sewage systems within 100 ft., ✓liquid fuel tanks, ✓driveways, ✓ditches, ✓easements, lot lines, ✓swimming pools, ✓buried gas, water or electric lines, ✓rivers, ✓lakes, ✓ponds, ✓areas of flooding, ✓subsurface drain tile, ✓any other significant details. If applying for a water supply permit, include all sources of contamination such as ✓sewage systems, ✓liquid fuel tanks, ✓kennels, ✓footing drains, ✓sewer lines, ✓barnyards, etc.

3. Additional information which may be helpful to locate site and test hole (i.e. other structures on property; landmarks such as trees, signs, etc.)

4. Draw a site plan to scale.
   (Example: 1/4 inch = 10 feet)

Example:



MINIMUM RESIDENTIAL REQUIREMENTS
(Partial list)

ISOLATION FROM	WELL	SEPTIC TANK	DISPOSAL FIELD
Groundwater Table	NA	NA	18"
Foundation or Basement	3'	10'	20'
Property Lines	NA	10'	10'
Drilled Well	NA	50'	50'
Surface Water, Lake, Stream	10'	50'	100'
Bank, Drop-off	NA	10'	50'
Drain or Ditch	10'	10'	25'
Liquid Fuel Tanks	50'	NA	NA
Water Supply Suction Line	NA	50'	50'
Water Supply Pressure Line	NA	10'	10'

****Minimum Commercial Isolations will vary contact this office for additional information.**

***NOTE**: **Prior to obtaining a Building Permit the following may be required: Well Permit and Sewage Permit and/or Usage Approval, Driveway Permit and Zoning Permit.**

***SOIL EROSION/SEDIMENTATION**: **Permit may be required if drilling, grading or trenching within 500 feet of a lake or stream.**

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Please fully complete top section of the application: **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** ☐ **Ag** ☐

***Owner's Name**_____ *** Phone #** _____ ***2nd Phone #** _____

***Current Mailing Address**_____ **City**_____ **State**_____ **Zip**_____

Owner's Email**_____ ****Need phone# or email of Owner*

Applicant's Name_____ **Phone #**_____ **Work #**_____

Mailing Address_____ **City**_____ **State**_____ **Zip**_____

Applicant's Email_____

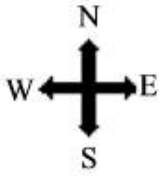
Sewage Permit Applicants Complete the Following:

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 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. *Must submit both sides of application.**

Enclosed is my remittance of $_____ (we accept: cash, check/money orders – made out to T.C.H.D. and credit cards).

Application ☐ **Relocation** ☐ **Transfer** ☐

_____ _____
Applicant's Signature Date

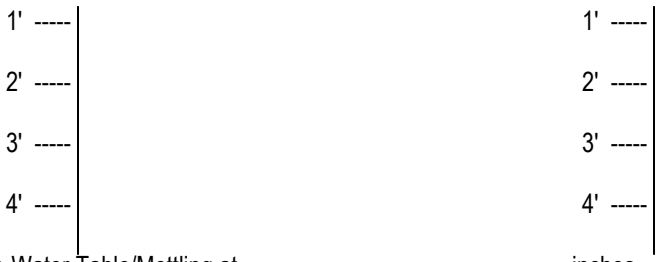
CHECK MUST CLEAR BEFORE VALID PERMIT

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

THIS SIDE FOR HEALTH DEPARTMENT USE ONLY
SITE EVALUATION WORKSHEET

SEWAGE:

1. Soil Boring Results:



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: _____

_____

_____
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: ☐Coarse 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

_____
Sanitarian Date