

# Tuscola County Health Department

## Environmental Health Division

1309 Cleaver Road, Suite B

Caro, MI 48723-9160

Phone: 989/673-8119

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### 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 **\$217.00** 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.)

**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: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Ph#: \_\_\_\_\_ Work #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

**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**

**Water Supply Information**

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

- 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. _____
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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