



GRAND TRAVERSE COUNTY ENVIRONMENTAL HEALTH WELL & SEPTIC STATUS FORM - \$25

DEMOLITION REMODEL ADDITION HOME REPLACEMENT _____

Property Address:

Property Tax ID:

Township:

Owner Name:

Owner Phone:

Owner Address:

Contractor's Name:

Contractor Phone:

Contractor's Address:

Please include a brief summary of the proposed changes to the property. For residential, please include current bedrooms, proposed bedrooms and whether or not the property has/will have a garbage disposal. For commercial, please state number of bathrooms, employees, and max customers/day.

Signature of Owner/Contractor

Date

Grand Traverse County Environmental Health WELL & SEPTIC STATUS FORM

(TO BE COMPLETED BY SANITARIAN)

- EXISTING PERMIT AVAILABLE PERMIT # _____ DATE OF ISSUE: _____
- EXISTING PERMIT NOT AVAILABLE

- Well shall be properly plugged according to Part 127 of Act 368, P.A. 1978, as amended. Abandoned well plugging record shall be submitted to the Health Department. A new well may be required.
- Septic tank(s) and any other tank(s) associated with the wastewater system shall be pumped by a licensed septage hauler, crushed, and filled or removed. A new wastewater system may be required.
- Existing well meets current well construction code requirements and is approved for use as an:
 - Private Residential Well
 - Irrigation Well
 - Public Well circle type: TYPE II TYPE III
- Existing septic system meets current design requirements for proposed use and meets all isolation requirements. Tank(s) Size(s): _____ Drained: _____
Existing septic system will serve:
 - Residential home with _____ bedrooms Garbage Disposal: YES NO
 - Commercial facility with design daily flow of _____ gal/day
 - Other use with design daily flow of _____ gal/day
- Existing septic system does not meet current design requirements, but is considered "grand-fathered" for proposed use.

Comments:

Signature of Health Department Representative

Date

OFFICE USE ONLY

Receipt Date: _____

Receipt #: _____

Initials: _____