

SERVICE APPLICATION
 MACOMB COUNTY HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH SERVICES DIVISION
 43525 Elizabeth Road, Mount Clemens, MI 48043
 Phone: (586) 469-5236 Fax: (586) 469-6534

APPLICATION # _____

MISS DIG # _____

SECTION # _____ LOT/PARCEL # _____ *(Application will NOT BE ACCEPTED without the property/parcel ID No.)* PROPERTY ID NO. _____

ADDRESS _____ SUBDIVISION _____

CITY/TOWNSHIP _____ CROSS STREETS _____

SINGLE FAMILY DWELLING COMMERCIAL WATER SUPPLY: Onsite Municipal
 MULTI-FAMILY DWELLING INDUSTRIAL
 HOW MANY BEDROOMS? _____ OTHER _____ SEWAGE DISPOSAL: Onsite Municipal
 WILL A SEWAGE EJECTOR BE UTILIZED? Y N

TYPE/REMARKS: _____

APPLICANT	ADDRESS	POST OFFICE	ZIP	PHONE
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OWNER	ADDRESS	POST OFFICE	ZIP	PHONE
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SERVICE(S) REQUESTED:

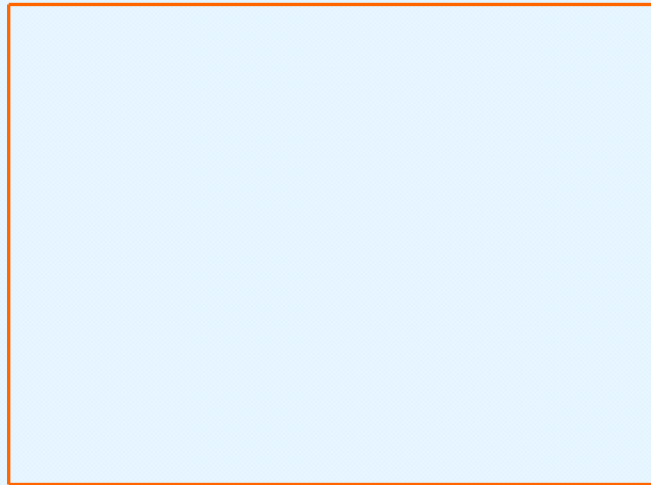
SITE DRAWING (must be completed)

WATER SUPPLY

NEW WELL PERMIT WELL REPAIR/REPLACEMENT PERMIT
 OTHER PERMIT
 PREVIOUS APPLICATIONS? Y N

SEWAGE DISPOSAL

SOIL EVALUATION SOIL RE-EVALUATION
 NEW ONSITE SEWAGE DISPOSAL SYSTEM PERMIT
 SEALED SYSTEM PERMIT
 ONSITE SEWAGE DISPOSAL SYSTEM REPAIR, MODIFICATION OR REPLACEMENT PERMIT
 PREVIOUS APPLICATIONS? Y N



******(the following section must be completed)******

EXISTING TILE FIELD LOCATION _____

EXISTING WELL LOCATION _____

OTHER WELLS _____

SEE ATTACHED DRAWING

TIME FOR SOIL EVALUATION IN EXCESS OF THE BASIC SERVICE WILL BE BILLED AT THE CURRENT HOURLY SERVICE RATE. I ALSO UNDERSTAND THAT THE REQUESTED SEWAGE DISPOSAL SERVICE(S) WILL BE PERFORMED ONLY AFTER I HAVE GIVEN NOTICE TO PUBLIC UTILITIES IN ACCORDANCE WITH ACT 53 P.A. 1974 AS AMMENDED, COMPILED LAWS 460.701. ANY DAMAGE OCCURRING AS THE RESULT OF UNMARKED UTILITIES (NOT SUBJECT TO MISS DIG) WILL BE THE RESPONSIBILITY OF THE OWNER. I/WE UNDERSTAND THAT ANY PERMIT ISSUED AS A RESULT OF THIS APPLICATION WILL BE ONLY FOR THE USE THAT I HAVE DESIGNATED.

SIGNATURE OF APPLICANT

ACCOUNTING:

DATE _____	DATE _____	DATE _____	DATE _____
RECEIPT # _____	RECEIPT # _____	RECEIPT # _____	RECEIPT # _____
SOIL FEE _____	SEPTIC PERMIT FEE: _____	WELL PERMIT FEE _____	PLAN REVIEW _____
SOIL RE-EVAL. _____	_____	WATER SAMPLES: Bacti. _____	SUB. REVIEW FEE _____
HRS. TO BILL _____	_____	Partial Chem. _____ As _____	# LOTS _____ @ \$ _____ PER LOT
		Other _____	

TO BE COMPLETED BY HEALTH DEPARTMENT

WATER SUPPLY EVALUATION SERVICE DATE _____ MCHD REP. _____

POTENTIAL CONTAMINATION ISOLATION



_____ FT. SOURCE _____

_____ FT. SOURCE _____

_____ FT. SOURCE _____

(SEPTIC SYSTEM, SEWER, POND, FUEL TANK, ETC)

DATABASE CHECKED

EXISTING WELL Y N ABANDONMENT REQUIRED Y N

WELL CONTRACTOR PRESENT Y N NAME: _____

FLOOD AREA Y N EASEMENTS _____

REMARKS/SPECIAL CONDITIONS: _____

SOIL EVALUATION

CONTRACTOR _____ MCHD REP. _____ SERVICE DATE(S) _____

LOCATION	FT FROM				FT FROM				FT FROM				FT FROM				FT FROM			
	FT FROM				FT FROM				FT FROM				FT FROM				FT FROM			
DEPTH	#1 ELEVATION				#2 ELEVATION				#3 ELEVATION				#4 ELEVATION				#5 ELEVATION			
	Soil/Texture	Structure	SW	RW	Soil/Texture	Structure	SW	RW	Soil/Texture	Structure	SW	RW	Soil/Texture	Structure	SW	RW	Soil/Texture	Structure	SW	RW
1																				
2																				
3																				
4																				
5																				
6																				
7																				

BENCHMARK _____ CENTER LINE OF ROAD _____ AT _____

ISOLATION DISTANCES _____

ADJACENT WELL LOCATIONS _____

RESERVE AREA AVAILABLE _____ TOPOGRAPHY _____ PERCOLATION RATE _____

SOIL SERIES _____ REMARKS/SPECIAL CONDITIONS: _____

*SW= Seasonal water table as evidenced by mottling of the soil
 *RW= Recorded water table on date of evaluation
 Structure Abbreviations: BK=Blocky, GR=Granular, PL=Platy,
 OM=Structureless/Massive, PR=Prismatic