

MACOMB COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION
43525 Elizabeth Road, Mount Clemens, MI 48043
Phone: (586) 469-5236 Fax: (586) 469-6534
Email: environmental.health@macombgov.org

Directions for Completing Service Application

Please complete the areas in ***blue only*** and return all pages of the application, by mail, to this office with the appropriate fee (see "fee schedule"). Applications will not be processed without the appropriate fee.

Please also note that MISS DIG must be contacted, and the property staked, prior to this Department conducting any evaluation (repair/replacement or new site) that involves digging. Please contact MISS DIG (1-800-482-7171) and provide this Department with the confirmation number.

Should you have any questions regarding the completion of this form, please contact the Environmental Health Department at (586) 469-5236.

SERVICE APPLICATION
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APPLICATION # _____

MISS DIG # _____

SECTION # _____ LOT / PARCEL # _____

PROPERTY ID # _____
 (Application will NOT BE ACCEPTED without the property/parcel ID No.)

ADDRESS _____

SUBDIVISION _____

CITY / TOWNSHIP _____

CROSS STREETS _____

- | | | | | | | | |
|------------------------------------|----------------------------|----------------------------|--------------------------|-------------------------|--------------------------|-----------|--------------------------|
| SINGLE FAMILY DWELLING | <input type="checkbox"/> | COMMERCIAL | <input type="checkbox"/> | WATER SUPPLY: Onsite | <input type="checkbox"/> | Municipal | <input type="checkbox"/> |
| MULTI-FAMILY DWELLING | <input type="checkbox"/> | INDUSTRIAL | <input type="checkbox"/> | SEWAGE DISPOSAL: Onsite | <input type="checkbox"/> | Municipal | <input type="checkbox"/> |
| HOW MANY BEDROOMS? _____ | | OTHER _____ | | | | | |
| WILL A SEWAGE EJECTOR BE UTILIZED? | <input type="checkbox"/> Y | <input type="checkbox"/> N | | | | | |

APPLICANT	ADDRESS	CITY	ZIP
	PHONE	EMAIL	

OWNER	ADDRESS	CITY	ZIP
	PHONE	EMAIL	

SERVICE REQUESTED:

WATER SUPPLY

- NEW WELL PERMIT
- WELL REPAIR / REPLACEMENT PERMIT
- OTHER

SEWAGE DISPOSAL

- SOIL EVALUATION
- NEW ONSITE SEWAGE DISPOSAL SYSTEM PERMIT
- SEALED SYSTEM PERMIT
- ONSITE SEWAGE DISPOSAL SYSTEM REPAIR, MODIFICATION OR REPLACEMENT PERMIT

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

EXISTING TILE FIELD LOCATION _____ EXISTING WELL LOCATION _____ OTHER WELLS _____

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 OCCURING 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 _____
HRS TO BILL _____		WATER SAMPLES: Bacti _____	SUB. REVIEW FEE _____
		Partial Chem. _____ As _____	# LOTS _____ @ \$ _____ / 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	STRUC- TURE	S W	R W	SOIL/ TEXTURE	STRUC- TURE	S W	R W	SOIL/ TEXTURE	STRUC- TURE	S W	R W	SOIL/ TEXTURE	STRUC- TURE	S W	R W	SOIL/ TEXTURE	STRUC- TURE	S W	R W
1 _____ _____																				
2 _____ _____																				
3 _____ _____																				
4 _____ _____																				
5 _____ _____																				
6 _____ _____																				
7 _____ _____																				

BENCHMARK _____ CENTER LINE OF ROAD _____ AT _____

ISOLATION DISTANCES _____

ADJACENT WELL LOCATIONS _____

RESERVE AREA AVAILABLE _____ TOPOGRAPHY _____ PERCOLATION RATE _____

AGE OF EXISTING SYSTEM _____ 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