

ALLEGAN COUNTY HEALTH DEPARTMENT  
3255 122<sup>ND</sup> ST., SUITE 200, ALLEGAN, MI 49010  
Phone: 269-673-5415 Fax: 269-673-4172

**APPLICATION FOR PRIVATE WATER SUPPLY SYSTEM/SEWAGE SYSTEM PERMIT**

**APPLICANT/OWNER INFORMATION:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
BIRTH DATE: \_\_\_\_\_  
PHONE #: \_\_\_\_\_

**LOCATION OF PROPERTY INFORMATION:**

ADDRESS: \_\_\_\_\_  
TOWNSHIP/SECTION: \_\_\_\_\_  
PARCEL #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_  
LOT #: \_\_\_\_\_  
PROPERTY SIZE: \_\_\_\_\_

**PLEASE COMPLETE APPROPRIATE SECTIONS**

**SEWAGE PERMIT INFORMATION (\$100.00 FEE)**

SOIL BORING(IF MORE THAN ONE) \_\_\_\_\_  
SQ FOOTAGE OF HOME \_\_\_\_\_  
SQ FOOTAGE OF BASEMENT \_\_\_\_\_  
NUMBER OF BEDROOMS \_\_\_\_\_

**PLEASE ATTACH SOIL BORING COPY**

GARBAGE DISPOSAL YES\_\_\_ NO\_\_\_  
BASEMENT PLUMBING YES\_\_\_ NO\_\_\_  
BASEMENT SEWAGE PUMP YES\_\_\_ NO\_\_\_  
WATER SOFTENER RECHARGE YES\_\_\_ NO\_\_\_  
GARDEN JACUZZI TUB YES\_\_\_ NO\_\_\_

**WATER WELL PERMIT INFORMATION (\$125.00 FEE)**

NEW OR REPLACEMENT \_\_\_\_\_  
LOCATION OF OLD WELL \_\_\_\_\_  
\_\_\_\_\_  
WILL OLD WELL BE UTILIZED YES\_\_\_ NO\_\_\_  
IF YES, FOR WHAT USE? \_\_\_\_\_  
DRILLING OWN WELL? YES\_\_\_ NO\_\_\_  
IF NO, NAME OF DRILLER: \_\_\_\_\_

MUNICIPAL WATER AVAILABLE? YES\_\_\_ NO\_\_\_  
LOCATION OF ANY SEWAGE SYSTEM WITHIN 75 FT  
\_\_\_\_\_  
IS THERE A FUEL STORAGE TANK ON SITE?  
YES\_\_\_ NO\_\_\_ LOCATION: \_\_\_\_\_

**TOTAL FEES SUBMITTED \_\_\_\_\_**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: APPLICATION WILL NOT BE PROCESSED UNTIL COMPLETED, SIGNED & RETURNED WITH APPROPRIATE FEE**