

Ottawa County Health Dept.
 Environmental Health Div.
 12251 James St., Suite 200
 Holland, MI 49424
 1-800-764-4111 ext 5645
 PHONE (616) 393-5645
 FAX (616) 393-5643

PERMIT APPLICATION
SEWAGE DISPOSAL SYSTEM AND/OR PRIVATE WATER WELL
FORM WILL NOT BE PROCESSED UNLESS COMPLETED, SIGNED
AND RETURNED WITH REQUIRED FEE.
CASH, CHECK, MONEY ORDER
MASTERCARD AND VISA - HOLLAND OFFICE ONLY

FOR OFFICE USE ONLY
 DATE REC'D _____
 CHECK # _____
 RECEIPT # _____
 ORDER # _____

HOURS: Holland Monday through Friday 8 - 5 open during lunch

It is the responsibility of the homeowner to locate and stake utilities, sprinkler lines, and other underground infrastructure. Ottawa County is not responsible for damaged utilities, sprinkler lines, or other underground infrastructure.

SEWAGE DISPOSAL SYSTEM
 ___ Private (Single Family) NEW (\$535)
 ___ Existing Private (Single Family) REPAIR (\$350)
 ___ Elevated Mound (\$735)
 ___ Semi-Public NEW/REPAIR (\$575)
 ___ Duplex (\$575)
 ___ Permit Renewal - no changes (\$50)

WATER WELL
 ___ Private (Single Family) NEW (\$445.00)*
 ___ Replacement Well (\$445.00)*
 ___ Test/Monitor Well (\$325)
 ___ Type II Well - request Type II app (\$600)
 ___ Type III Well (\$450)*
 ___ Irrigation Well (\$325)
 ___ Permit Renewal - no changes (\$ 50)
 Required \$45.00 MDPH Lab Fee Included

PERSON FURNISHING INFORMATION

OWNER (if different)

___ Owner ___ Bldr. ___ Installer ___ Well Driller
 Name _____
 Address _____
 City _____
 Phone _____ Zip _____
 E-Mail _____

Name _____
 Address _____
 City _____ Zip _____
 Phone _____
 E-Mail _____

SITE LOCATION

Property Tax Parcel # 70- _____ - _____ - _____ Township: _____

Address & Directions to proposed site: _____

Subdivision Name _____ Lot# _____
 Property size: _____ Acres Road Frontage: _____ ft. (width) by _____ ft. (depth)
 **If less than 1 acre enclose a copy of the recorded deed.

**SEPTIC SYSTEMS ARE NOT ALLOWED WHEN MUNICIPAL SEWER IS WITHIN 200' OF BUILDING SITE. **

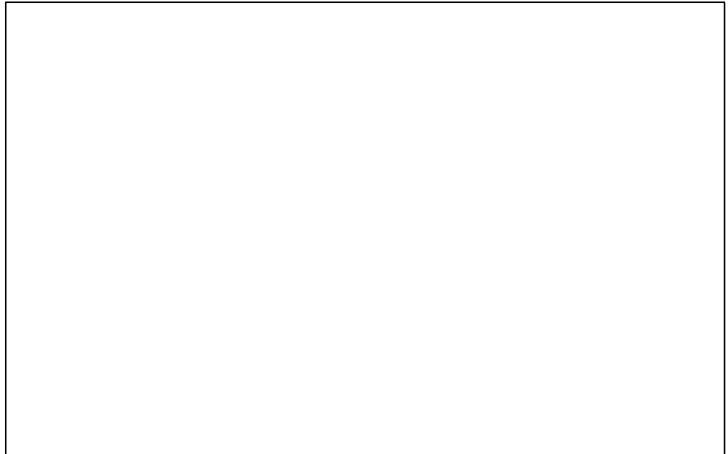
Sewage Disposal System	Water Supply	Semi-Public
Garbage Disposal YES NO Indoor Whirlpool / Hot Tub YES NO _____ Sq Ft. Basement, # of Bedrooms _____ _____ Sq Ft. First Flr, # of Bedrooms _____ _____ Sq Ft. Second Flr, # of Bedrooms _____ Please indicate what plumbing will be roughed in or already exists in the basement: ___ Washer ___ Laundry Tub ___ Shower ___ Sink ___ Toilet ___ Sump Pit ___ None	Circle One: Municipal Water Private Well Proposed Well Depth in Feet: _____ *A site plan must be included for all new or replacement water wells.	Proposed Use: ___ Commercial ___ Industrial ___ Other: _____ Maximum # of people served per day _____ ___ Duplex, # Bedrooms/Living Unit _____ ___ Apartment, # of Living Units _____ # Bedrooms per Unit _____ *A site and Floor Plan must be included with application.

NOTE: THE HOUSE LOCATION (4 CORNERS) MUST BE STAKED OUT ON NEW HOME SITES.

Please **SKETCH** with **DISTANCES** the location of:

REQUIRED SITE SKETCH

- * House, Well, Public Water Line, Septic Tank, Drainage Area
- * Streets, Other Sources of Contamination (i.e. gasoline/fuel oil tanks),
- * Proposed or Existing Neighbor's Sewage Disposal System and Well



 Applicant's Signature

NOTE: THIS IS **NOT** A CONSTRUCTION PERMIT!
 4/2019