

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.**

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

**CASH, CHECK, MONEY ORDER**  
**MASTERCARD AND VISA - HOLLAND OFFICE ONLY**

HOURS: Grand Haven Monday, Wednesday 8 - 12 and 1 - 5  
 Hudsonville Tuesday, Friday 8 - 12 and 1 - 5  
 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 (\$440.00)\*  
 \_\_\_ Replacement Well (\$440.00)\*  
 \_\_\_ 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 \$40.00 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. \*\*

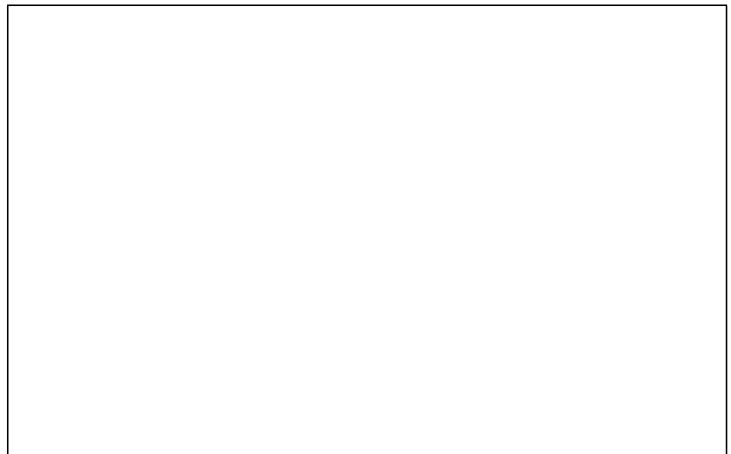
Sewage Disposal System	Water Supply	Semi-Public
Garbage Disposal YES NO Indoor Whirlpool / Hot Tub YES NO _____ Sq Ft. Basement, # of Bedrooms _____ _____ Sq Ft. First Flr, # of Bedrooms _____ _____ Sq Ft. Second Flr, # of Bedrooms _____ Please indicate what plumbing will be roughed in or already exists 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!