

Ottawa County Health Dept.
Environmental Health Div.
12251 James St., Suite 200
Holland, MI 49424

PERMIT APPLICATION
SEWAGE DISPOSAL SYSTEM AND/OR PRIVATE WATER WELL

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

1-800-764-4111 ext 5645
PHONE (616) 393-5645
FAX (616) 393-5643

FORM WILL NOT BE PROCESSED UNLESS COMPLETED, SIGNED
AND RETURNED WITH REQUIRED FEE.

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

HOURS: **Coopersville** Tuesday and Thursday 8 - 12 and 1 - 5
Grand Haven Monday, Wednesday, Friday 8 - 12 and 1 - 5
Hudsonville Monday, Wednesday, Friday 8 - 12 and 1 - 5
Holland Monday through Friday 8 - 5 open during lunch

SEWAGE DISPOSAL SYSTEM

____ Private (Single Family) NEW (\$200)
____ Existing Private (Single Family) REPAIR (\$175)
____ Elevated Mound (\$400)
____ Semi-Public NEW/REPAIR Discharging:
____ Up to 400 gallons per day (\$200)
____ Between 401 & 2,000 Gal./Day (\$225)
____ Between 2,001 & 10,000 Gal./Day (\$400)
____ Permit Renewal - no changes (\$ 25)
____ Duplex (\$200)

WATER WELL

____ Private (Single Family) NEW (\$200)**
____ Replacement Well (\$200)**
____ Test/Monitor Well (\$169)**
____ Type II Well - request Type II app (\$200)
____ Type III Well (\$200)**
____ Irrigation Well (\$137)
____ Permit Renewal - no changes (\$ 25)
****Required \$32.00 MDPH Lab Fee Included****

PERSON FURNISHING INFORMATION

____ Owner ____ Bldr. ____ Installer ____ Well Driller
Name _____
Address _____ City _____
Phone () _____ Zip _____

OWNER (if different)

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

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

SINGLE FAMILY RESIDENTIAL

Garbage Disposal proposed: ____ Yes ____ No
Indoor Whirlpool/Hot Tub: ____ Yes ____ No
____ sq. ft. Basement, # of Bedrooms _____
____ sq. ft. 1st. Floor, # of Bedrooms _____
____ sq. ft. 2nd. Floor, # of Bedrooms _____

Please indicate what plumbing will be roughed in/
already exists in the basement:
____ Washer ____ Laundry Tub ____ Shower Unit
____ Sink ____ Toilet ____ Sump Pit ____ None
Other: _____

SEMI-PUBLIC

Proposed use:
____ Commercial ____ Industrial ____ Institutional
Other: _____
Maximum # of persons/employees served per day _____

____ Duplex # Bedrooms/Living Unit _____
____ Apartment # of Living Units _____
#Bedrooms per Unit _____

NOTE: Scaled site & floor plan must
accompany application.

WATER SUPPLY

Status of Utility Connection: Municipal Water _____ Private Well _____ Proposed Well Depth _____ ft.
To be installed by: Driller _____ Owner _____

NOTE: A site plan must be included for all new/replacement water wells.

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!