

VAN BUREN/CASS COUNTY DISTRICT PUBLIC HEALTH DEPARTMENT

Van Buren County Office
Environmental Health Services
57418 CR 681, Suite A
Hartford, MI 49057
(269) 621-3143
Check Payable to VBCDHD

Cass County Office
Environmental Health Services
201 M-62 North
Cassopolis, MI 49031
(269) 445-5280
Check Payable to CCDHD

APPLICATION AND PERMIT TO INSTALL A SEWAGE DISPOSAL SYSTEM

APPLICATIONS ARE VALID FOR ONE YEAR, AND ARE NOT TRANSFERABLE

Permit For:

New Construction Existing/Replacement Hook-up to Existing System Business/Migrant Housing

\$80 \$80 \$80 \$120.00

APPLICATION FOR _____ TELEPHONE # _____
(Owner's Name)

_____ City _____ State _____ Zip _____
(Complete Current Mailing Address)

LOCATION OF PROPERTY: Township _____ Section _____ Lot Size _____
Address/Street/Avenue _____ Parcel ID # _____

(Provide Directions to Property)

Subdivision Name (if applicable) _____ Lot Number _____

ANSWER FOLLOWING QUESTIONS:

Is this a single-family dwelling? Yes No IF NO..... _____
List Dwelling Type and/or Business Name

Will you have or do you have a garbage grinder
in the kitchen sink? Yes No Number of bedrooms in home? _____ Number of occupants? _____

NOTE: Prior to this department performing any site evaluation that involves disturbing the ground surface, i.e., auger borings, probing, etc., the property owner(s) must contact MISS DIG to clearly identify any/all underground utilities. If the property owner(s) fails to notify MISS DIG, then the local public health department assumes no liability in the event of any damages occurring and the property owner shall bear all cost of repairs.

Applicant's Signature

NOTE: A Soil Erosion & Sedimentation Permit is needed when any soil is disturbed within 500' of any water bodies, (i.e., lake, stream, pond, river, etc.), by contacting (269) 657-8241 or for Cass County, the Cass County Court House at (269) 445-4447.

(HEALTH DEPARTMENT USE ONLY)

Application Received	Receipt Number	Computer ID Number
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(See reverse side for health department action)
(Revised 1-16-08)

Mail Permit To:

Township _____ Section _____

(Below For Health Department Use Only)

SYSTEM DATA	PERMIT (Original Data)	DESIGN TYPE	SOIL PROFILE		
			Soil	Boring #1	Boring #2
<input type="checkbox"/> Failed <input type="checkbox"/> Expired/Re-issued <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Cost Analysis <input type="checkbox"/> Building Dept. Request <input type="checkbox"/> Unknown <input type="checkbox"/> Septic Tank Only <input type="checkbox"/> Upgrading System	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Existing Data Available? Yes or No	<input type="checkbox"/> Drywell <input type="checkbox"/> Trenches <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Mound <input type="checkbox"/> Bed Probable cause of failure: <input type="checkbox"/> System undersized <input type="checkbox"/> System age <input type="checkbox"/> Lack of maintenance <input type="checkbox"/> System damaged <input type="checkbox"/> Other <input type="checkbox"/> Not Failed	Legend T - Topsoil S - Sand C - Clay L - Loam ST - Silt G - Gravel M - Muck	Depth Results _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Soil Results _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
			(* = Indicates soil type predominance)		
			_____ Date of Evaluation		

DIAGRAM

Evidence of water table? Yes No If yes, what was depth? _____

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N

ALL PERMITS REQUIRE A FINAL INSPECTION BEFORE COVERING (24 HOURS NOTICE REQUIRED)

BASED ON INFORMATION SUPPLIED, THIS SEWAGE PERMIT APPLICATION HAS BEEN: Approved Disapproved

SEWAGE PERMIT NUMBER: _____ Today's Date: _____

Public Health Sanitarian

This permit does not imply state or township approval, and is not a guarantee of the sewage systems performance. Minimum requirements will be stated on attached letter.

For New Construction Only: Well Permit Applied For? Yes or No