

Instructions for Completing a Residential Sewage Treatment Permit Application

1. Fill out application form completely. An incomplete or inaccurate application will be returned to you prior to our office initiating any work. This may delay the issuance of the permit.
2. Submit application and [fee](#) to:

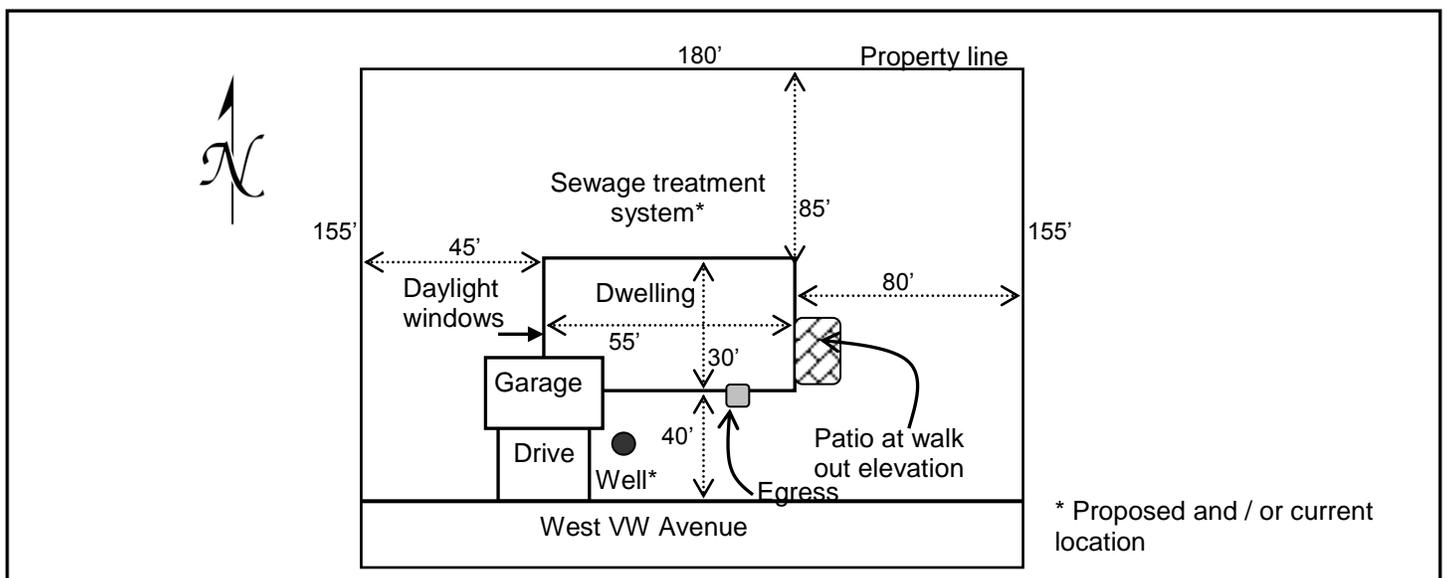
By Mail: Kalamazoo County Health & Community Services Department
Environmental Health
PO BOX 42
Nazareth, Michigan 49074-0042

By Fax: (269) 373-5333

By E-Mail: ehincoming@kalcounty.com
3. Payment can be made with cash, check (payable to *Kalamazoo County Health & Community Services Department*), or credit card. **Credit Card Payment:** For secure payment, submit the Credit Card Authorization Form to Kalamazoo County Environmental Health by FAX or MAIL only.
4. In the case of new construction, mark the property at roadside and the proposed building corners with flagging tape.
5. Please indicate on the application form if you wish to be present for the evaluation. You will be contacted upon receipt of the application to schedule an appointment.
6. If there is a buried well head on your property or on a neighboring property, it may be necessary for you to uncover each buried well head to ensure the permitted sewage treatment system will be a minimum of 50 feet away. If this is necessary, it will be your responsibility to perform this work. Your permit will not be issued until the wellhead is uncovered and inspected by the Health & Community Services Department.
7. If it is determined that more than four final inspections will be required as a permit condition, you will be contacted for an additional permit payment of \$90.00 per each additional inspection. This additional fee must be paid prior to the permit being issued.
8. Your permit will be mailed (and faxed or e-mailed, if requested) to you upon completion.

NOTE: In accordance with P.A. 451 of 1994, any earth change activity within 500 feet of a water body including a lake, stream or county drain requires an Earth Change Permit. For more information call the Soil Erosion and Sedimentation Control Office at (269) 384-8117.

Property Development Plan Example



Application for an Onsite Sewage Treatment System Permit

(Please print. Complete entire form to avoid a delay in permit issuance.)

Onsite sewage treatment system will serve / be used for (check one):

- Single Family Dwelling Other (include Supplemental Application Form)
 Duplex/Multi-Family Dwelling

For Office Use Only

Permit #: _____

Property Information:

Parcel / Tax ID #: _____ Lot Size/Dimension: _____
 Street Address: _____ Subdivision & Lot #: _____
 City, State & Zip: _____ City/Village/Township: _____

Issue Permit To:

Name: _____ Contact Phone #: _____
 Mailing Address: _____
 City, State & Zip: _____

- Mail Permit to above address E-mail Permit to: _____
 Call me to pick up the Permit Fax Permit to: _____

Additional Information:

	Yes	No
Is property served by a <input type="checkbox"/> Private Well or <input type="checkbox"/> Municipal Water?		
Number of Bedrooms: _____		
<input type="checkbox"/> New Construction	Municipal Sewer Available? <input type="checkbox"/>	<input type="checkbox"/>
Property will be posted and house corners staked: _____/_____/_____	Garbage Disposal? <input type="checkbox"/>	<input type="checkbox"/>
(Enter Date)	Basement Plumbing? <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Replacement (existing system)	Walkout / Daylight Basement? <input type="checkbox"/>	<input type="checkbox"/>
Existing septic tank capacity (gallons): _____	Egress Window(s)? <input type="checkbox"/>	<input type="checkbox"/>
Depth of soil over septic tank (inches): _____		
<input type="checkbox"/> Septic Tank Only	Is there an existing / proposed geothermal system on this property? <input type="checkbox"/>	<input type="checkbox"/>

Property Development Plan:

Sketch property features in box or submit an additional sheet. For guidance, see the example on the "Instructions" sheet. Drawing need not be to scale.

Show all applicable features:

- | | |
|--|---|
| <input type="checkbox"/> Road | <input type="checkbox"/> Property Dimensions |
| <input type="checkbox"/> House | <input type="checkbox"/> Egress Window(s) |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Walkout / Daylight Elevation |
| <input type="checkbox"/> Drive | Proposed or Current |
| <input type="checkbox"/> North Arrow | <input type="checkbox"/> Sewage System |
| <input type="checkbox"/> Fuel Oil Tank | <input type="checkbox"/> Water Well |
| | <input type="checkbox"/> Geothermal System |

If you wish to be present, please make an appointment after submitting application / payment.

I hereby make application for an onsite sewage treatment system permit. Attached is my application fee. I understand that payment of the non-refundable fee does not guarantee the issuance of a permit.

Applicant's Signature: _____ Date: _____



MasterCard, Visa, or Discover Card Payment Request

For secure payment, submit this form to Kalamazoo County Environmental Health by FAX or MAIL only. Please **fully complete** and **SIGN** this form and send it with the application.

Service Requested _____

Address of Property _____

Service Requested by _____

Cardholder's daytime phone number _____

Name of Credit Card Holder as it appears on the credit card:

First Middle Last

Billing Address:

Street Address City & State Zip Code

Costs for services (Environmental Health Fee Schedule), applications, and instructions are located on the Kalamazoo County website at <http://www.kalcounty.com/eh/licenses.htm>. Costs for services can also be obtained by contacting Environmental Health staff at (269) 373-5210.

Please charge the above credit card for the requested service(s).

Signature of Card Holder: _____ Date: _____

Kalamazoo County HCS Environmental Health Fax number and Address: (269) 373-5333

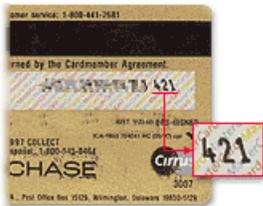
Kalamazoo County HCS EH, P.O. Box 42, Nazareth, Michigan 49074-0042

_____ This shaded area is for office use only. _____

_____ Phone _____ Fax _____ Mail _____ EH Staff Initials _____ Date _____

Authorization # _____ Dollar Amount \$ _____

Credit Card Number: _____



V-Code: _____

The V-Code is the last three digits on the signature panel.

Expiration Date (Month & Year): _____ / _____ MC _____ Visa _____ Discover _____

