

# PERMIT

TO CONSTRUCT:

- ☐ SEWAGE TREATMENT SYSTEM  
☐ WELL

DISTRICT HEALTH DEPARTMENT NO. 5  
Lake, Newaygo & Oceana Counties

PERMIT FOR FACILITIES AT:

STREET ADDRESS \_\_\_\_\_  
TOWNSHIP \_\_\_\_\_  
SECTION # \_\_\_\_\_  
PROPERTY OWNER \_\_\_\_\_

PERMIT ISSUED TO:

NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

**DESIGN CRITERIA:**

- ☐ SINGLE FAMILY, NO. OF BEDROOMS \_\_\_\_\_  
☐ LAUNDRY ☐ GARBAGE DISPOSAL  
☐ DISHWASHER  
☐ MULTIPLE DWELLING, GAL/DAY \_\_\_\_\_  
☐ OTHER, COMMERCIAL GAL/DAY \_\_\_\_\_

SOIL BORING NO. 1 NO. 2 NO. 3

SEASONAL WATER TABLE

OTHER NOTES \_\_\_\_\_

PERMIT TO INSTALL, CONSTRUCT OR REPLACE  
EXPIRES ONE (1) YEAR AFTER DATE OF ISSUE

- ☐ SEPTIC TANK SIZE \_\_\_\_\_  
☐ DRAIN BED \_\_\_\_\_  
☐ WELL: CONTRACTOR \_\_\_\_\_  
☐ WELL PIT \_\_\_\_\_

SPECIAL CONDITIONS OF PERMIT:  
(See reverse side)

**PLOT PLAN:**



APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

Health Dept. Representative \_\_\_\_\_ Date of Issue \_\_\_\_\_

SEE REVERSE SIDE

Rev. 3/89

**CERTIFICATE OF INSPECTION**

INSPECTION TYPE \_\_\_\_\_ DATE \_\_\_\_\_ by \_\_\_\_\_

INSPECTION TYPE \_\_\_\_\_ DATE \_\_\_\_\_ by \_\_\_\_\_

FINAL DISPOSAL \_\_\_\_\_ ISOLATION DIST. \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_

NOTES \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_ CONTRACTOR \_\_\_\_\_

TYPE: A = Affidavit, P = Partial, F = Final

WELL INSPECTION DATE \_\_\_\_\_ by \_\_\_\_\_