



Kent County Health Department
Environmental Health Division
700 Fuller Ave NE
Grand Rapids, MI 49503
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APPLICATION FOR NON-RESIDENTIAL WELL/SEPTIC PROJECT

Application for:

- ☐ Site Evaluation - \$300.00 Septic Tank Only - \$150.00 ☐ Community Septic - \$1,000.00
☐ Septic Permit (New) - \$400.00 (May require a Site Evaluation) ☐ Test Well - \$250.00 ☐ Irrigation/Commercial/Industrial Well - \$250.00
☐ Septic Permit (Repair/Replacement/Addition) - \$500.00 ☐ Type III Water Supply - \$250.00 ☐ Geothermal Loops - \$250.00

Address of Property: _____

City: _____ Zip: _____ Two Nearest Crossroads: _____

Permanent Parcel #: **41** - - - - - Township: _____

Note: Permits will not be issued without the correct address assigned by the Township or local utilities company! ☐ Occupied ☐ Vacant (Days Vacant ____)

Has a soil/site evaluation been conducted on this property? ☐ Yes ☐ No If Yes, date of evaluation: _____

Are there utility easements through the property? ☐ Yes ☐ No If Yes, explain: _____

Are there any known environmental concerns associated with this site? e.g. 201 site, LUST site, PEAS report, BEA report etc. ☐ Yes ☐ No

Description of Property (pick one):

- ☐ Metes & Bounds – Provide a scaled Site Plan (1" = 40'), a Certified Survey, and Legal Description.
☐ Subdivision/Site Condo – Sub. Name: _____ Lot #: _____ Provide a scaled Site Plan (1" = 40').

Type of Water Supply Service (pick one):

- ☐ Municipal water (issued by the State of Michigan)
☐ Type III – Examples: small apartment complex, small grocery or retail store, businesses with less than 25 employees
☐ Existing well on property

Note: For Type II Water Supply, use EGLE Application and Permit to Install / Alter Water Supply System.

Type of Building/Proposed Use (attach additional pages as necessary):

Type of commercial building proposed, # of employees/peak demands: _____

Estimated daily sewage flow in gallons per day (GPD): _____

Type of waste to be discharged (domestic, Laundromat, industrial, etc.): _____

**Attach a letter detailing the intended use of the building, expected daily discharge and the type of waste from this facility. **

Applicant/Authorized Agent: _____	Owner: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

To access property please contact: ☐ Owner ☐ Applicant ☐ Other: _____

Method of Delivery: ☐ Email ☐ Call to pick up in person ☐ Other: _____

By signing below, I hereby certify that the information provided is complete and accurate. I understand that payment of the application fee does not guarantee issuance of a permit. I further acknowledge that I am the property owner or am acting as an authorized agent on behalf of the property owner. If a permit is issued as a result of this application, it will be considered property of the property owner. The services of a backhoe or excavator or greater is necessary for soils evaluation for new construction projects. I understand I am responsible for coordinating and providing the equipment and operator or other additional testing. All services require marking by MISS Dig for underground utilities prior to site visit. Persons performing groundbreaking activities on site are required to submit a ticket to MISS Dig for the marking of the property. Please allow MISS Dig personnel access to your property to mark utilities. Unmarked properties will result in delay or postponement of service. Failure to show up for an appointment may result in a \$75 charge. Application fees are non-refundable after 90 days from the date of application or after initiation of any field activities/services. A \$50 processing fee applies to all applications cancelled prior to field work.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Fee Paid: _____ Receipt #: _____ Date: _____



Volume of waste water that can be expected (Gallons)

Number of workers, customers, bed space, seats available

Gallons per person per day (unless otherwise noted)

- | 1. Type of establishment | | Gallons per person per day (unless otherwise noted) | | | |
|---------------------------------------------------------------|------|-----------------------------------------------------|--|---|--|
| Auto Service Stations (per vehicle served) | 3 | x | | = | |
| Bed & Breakfast | 50 | x | | = | |
| Campgrounds-individual sewer outlets (per site) | 100 | x | | = | |
| -served by service building (per site) | 75 | x | | = | |
| Agricultural Labor and Construction camps (semi-permanent) | 50 | x | | = | |
| Day Camps (no meals served) | 50 | x | | = | |
| Resort Camps – limited plumbing (per bed space) | 50 | x | | = | |
| Luxury Camps (per bed space) | 100 | x | | = | |
| Church (per auditorium seat) | 3 | x | | = | |
| Church (with substantial kitchen wastes, per auditorium seat) | 7.5 | x | | = | |
| Country Clubs and Golf Club | * | x | | = | |
| Dwellings: Customers | 5 | x | | = | |
| Apartments – 3 units or more (per bedroom) | 150 | x | | = | |
| Luxury Residences and Estates | 150 | x | | = | |
| Multiple Family Dwellings (apts. & condos) per bedroom | 150 | x | | = | |
| Group Homes for Developmentally Disabled (per bed space) | 150 | x | | = | |
| Adult Foster Care Home (per patient) | 150 | x | | = | |
| Factories (gallons per person, per shift) | 35 | x | | = | |
| Hair Styling Salons (per chair) | 170 | x | | = | |
| Marinas (full service, i.e., service building, pump per slip) | 60 | x | | = | |
| Mobile Home Parks (per space) | 200 | x | | = | |
| Office Buildings (per square foot of building space) | 1/10 | x | | = | |
| Medical Care Office | 25 | x | | = | |
| Picnic Parks with Bathhouses, Showers, and Flush Toilets | * | x | | = | |
| Rental Halls with intermittent use (Township Halls) per seat | 5 | x | | = | |
| Restaurants & Bars | * | x | | = | |
| Schools (per student): | | | | | |
| Boarding (per bed space) | 75 | x | | = | |
| Day, without gyms, cafeterias, or showers | 15 | x | | = | |
| Day, with gyms, cafeterias, and showers | 25 | x | | = | |
| Day, with cafeterias, but without gyms or showers | 20 | x | | = | |
| Swimming pools | 10 | x | | = | |
| Theaters: Movie (per auditorium seat) | 5 | x | | = | |
| Workers (per person per shift) | 15 | x | | = | |
| Other (Please consult with a Sanitarian) | () | x | | = | |

2. Total Gallons Per Day

3. Will there be wastewater generated other than restrooms, showers, laundry, hand sinks, etc.? ☐ Yes ☐ No
4. Will there be a floor drain? ☐ Yes ☐ No
5. Did you allow for future expansion? ☐ Yes ☐ No

*Refer to Appendix of Michigan Criteria for Sub-Surface Sewage Disposal (April 1994)



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Proposed Site Development Plan

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Scale: _____ = _____														

Prepared By: _____

Date: _____

PROJECT (Bold items are required)

Address/Road

Location (Township/Section)

Permanent Parcel Number

Unit/Lot Number, where applicable

Owner's Name

Daytime Telephone Number