

LAPEER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL DIVISION 1800 Imlay City Rd.-Lapeer, MI 48446 (810) 667-0392 – Fax # (810) 667-0283

Receipt #	
Amount	
Comp ID	

Construction/Change of Use Application for Evaluation of Existing Well and Septic

The following must be evaluated: any building additions or renovations that include potential increased load on the septic systems (i.e. increased number of bedrooms); the addition may encroach on isolation requirements; a new home where an older home was demolished and on-site sewage system remains; and any addition to a dwelling within 500 ft of a waterway.

All non-residential [commercial/business] buildings with proposed change of building/property use or potential increased load on the septic system, and residential properties with proposed commercial/non-residential use must be evaluated.

must be evaluated.		
PROPERTY TAX ID#	SECT	LOT/PARCEL
ROPERTY ADDRESSTOWNSHIP		
AGE OF BUILDING AGE OF SEPTIC SYSTEM		
OWNER'S NAME		
MAILING ADDRESS	_CITY	STATEZIP
APPLICANT NAME & MAILING ADDRESS (IF OTHER THA	AN OWNER)	
CONTACT EMAIL:		
EXISTING WATER SUPPLY: MUNICIPAL: WELL:	(TYPE: PUBLIC:	RESIDENTIAL: ()
RESIDENTIAL: # BEDROOMS CURRENT PROPOSED	REBUILD aft	er DEMO
DATE OF LAST SEPTIC TANK PUMPING:GAR	RBAGE DISPOSAL Yes	: No:
COMMERCIAL/NON-RESIDENTIAL: DATE OF LAST SEPTI	C TANK PUMPING:	
PREVIOUS BUILDING/SYSTEM USE AND CAPACITY?		
A COPY OF CONSTRUCTION FLOOR PLANS AND SITE PL	AN MUST BE SUBMIT	TED WITH THIS APPLICATION FOR
ALL ADDITIONS.		
Please provide all known information regarding the well		·
After the sanitarian reviews the information, they will co		<u> </u>
work, documentation, and inspection requirements. De	scribe the proposed u	se and/or construction plans:
Signature of Owner/Applicant		 Date
Signature of Owner/Applicant		Date