

**KENT COUNTY HEALTH DEPARTMENT, ENVIRONMENTAL HEALTH DIVISION**

**INSTRUCTIONS FOR COMPLETING AN "APPLICATION FOR WASTE WATER DISPOSAL AND/OR WATER SUPPLY FACILITY PERMIT".**

**APPLICATION FOR WASTE WATER DISPOSAL AND/OR WATER SUPPLY FACILITY PERMIT**

**Section A**

- A property address is necessary to process application. Use an approximate address if one has not been assigned.
- Information regarding Subdivision, Lot Number, Lot Dimension Area and Permanent Parcel Number DOES NOT need to be filled in if your house is NOT located in a Subdivision or Site Condominium.
- WRITE in name of City/Village and Township.

**Section B**

- Fill in all boxes that apply.
- Fill in the Name, Telephone Number and Fax Number of person whom we may contact for access to the property.

**Sections C & D**

- Complete this information for a Water Supply and/or Waste Water Permit.

**Section E**

- Sign your name in the "Signature Section" of the Application and check the Owner OR Authorized Agent box.

**Section F**

- A lot plan must be submitted. If in a Subdivision or Site Condominium, check plat restrictions or Master Deed/By Laws for specific lot plan requirements.

To aid in identifying the property and desired house location, please stake out the four corners of the house so they can be easily seen from the road. It is also helpful if a stake, with a clearly visible house number attached, is placed near the road.

**SUBMIT SIGNED APPLICATION (both pages) AND FEE TO THE KENT COUNTY HEALTH DEPARTMENT.**

<b>Kent County Health Department</b> <b>Environmental Health Division</b> 700 Fuller Avenue NE Grand Rapids, MI 49503 Phone: 616-632-6900 Fax: 616-632-6892	<b>APPLICATION FOR WASTE          WATER DISPOSAL AND/OR          WATER SUPPLY FACILITY          PERMIT</b> <i>Complete Sections A-F (Pages 1 and 2)          Submit Both Pages With Fee</i>	<i>(Office Use Only)</i>
		Date Received: _____
		Cash Receipt No.: _____
		Check No.: _____
		Per: _____
		Amount Paid: _____

Application for RESIDENTIAL: Well Permit  (\$85)    Waste Water Permit  (\$205)    Both  (\$290)  
 COMMERCIAL: Well Permit  (\$250)    Waste Water Permit  (\$275)    Both  (\$525)

*A \$50.00 processing fee applies to all applications cancelled prior to field work.*

**LOCATION OF PROPERTY:** *(please type or print)*

Street Address: \_\_\_\_\_

Subdivision: _____	Lot#: _____	Lot Dimension Area: _____
City/Village: _____	Township: _____	Perm. Parcel No: _____

**OWNER/APPLICANT INFORMATION:** *(please type or print)*

Name of Owner: _____	Telephone: Home: _____	Office: _____
Address: _____	City: _____	State: _____ Zip: _____
Name of Authorized Agent or Owner: _____	Telephone: Home: _____	Office: _____
Address: _____	City: _____	State: _____ Zip: _____
For Property Access Contact: _____	Telephone: _____	Fax: _____

**Complete for WASTE WATER Permit**

New Residence

\_\_\_\_\_ Number of Bedrooms (per unit)  
 \_\_\_\_\_ Single Family  
 \_\_\_\_\_ Multi-Family (No. of Units \_\_\_\_\_)

Plumbing in Basement:  Yes  No  
 Daylight Windows:  Yes  No  
 Walkout Basement:  Yes  No

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Existing Residence/Bldg.

Number of Bedrooms: \_\_\_\_\_  
 No. of existing tanks \_\_\_\_\_ gal./ \_\_\_\_\_ gal.  
 Drainfield     Drained  
 Other: \_\_\_\_\_

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Commercial

Type of Business: \_\_\_\_\_  
 Number of Employees: \_\_\_\_\_  
 Gal. Water Usage Per Day: \_\_\_\_\_

**Complete for WATER SUPPLY Permit**

New Building OR  Existing Building

Existing Well On Property:  Yes  No  
 Will it be abandoned?  Yes  No  
 If No, how will it be used? \_\_\_\_\_

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Well Type:  Residential  
 Irrigation     Recharge  
 Test Well     Dewatering

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Residential

Single Family     Multi-Family  
 Modular     Mobile Home

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Commercial: Provide a detailed description of property use including shifts/day, number of employees and processes. Use additional sheets as necessary. *(Use Section F, Comments.)*

I hereby make application for a Water Supply/Waste Water Permit and request the assistance of the Kent County Health Department in completing any remaining soils information for which information is not supplied. Attached is my remittance of \$\_\_\_\_\_. I understand that payment of the application fee does not guarantee permit issuance. Application fees are nonrefundable upon initiation of any field activities. The services of a backhoe or power auger may be necessary for deeper soils evaluation. Other applicable testing may be required as a condition of approval. I understand I am responsible for providing the testing.

Signature: \_\_\_\_\_  Owner     Authorized Agent

**\*\*\* COMPLETE PLOT PLAN ON NEXT PAGE \*\*\***