

MACOMB COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES DIVISION  
43525 Elizabeth Road, Mount Clemens, MI 48043  
Phone: (586) 469-5236 Fax: (586) 469-6534  
Email: [environmental.health@macombgov.org](mailto:environmental.health@macombgov.org)

### **Directions for Completing Service Application**

Please complete the areas in **blue only** and return the application, by mail or drop-off, to this office with the appropriate fee (see “fee schedule”). Applications will not be processed without the appropriate fee.

Please also note that MISS DIG must be contacted, and the property staked, prior to this Department conducting any evaluation (repair/replacement or new site) that involves digging. Please contact MISS DIG (1-800-482-7171) and provide this Department with the confirmation number.

Should you have any questions regarding the completion of this form, please contact the Environmental Health Division at (586) 469-5236.

SERVICE APPLICATION  
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APPLICATION # \_\_\_\_\_

MISS DIG # \_\_\_\_\_

SECTION # \_\_\_\_\_ LOT / PARCEL # \_\_\_\_\_

PROPERTY ID # \_\_\_\_\_  
 (Application will NOT BE ACCEPTED without the property/parcel ID No.)

ADDRESS \_\_\_\_\_

SUBDIVISION \_\_\_\_\_

CITY / TOWNSHIP \_\_\_\_\_

CROSS STREETS \_\_\_\_\_

- |                                    |                            |                            |                          |                         |                          |           |                          |
|------------------------------------|----------------------------|----------------------------|--------------------------|-------------------------|--------------------------|-----------|--------------------------|
| SINGLE FAMILY DWELLING             | <input type="checkbox"/>   | COMMERCIAL                 | <input type="checkbox"/> | WATER SUPPLY: Onsite    | <input type="checkbox"/> | Municipal | <input type="checkbox"/> |
| MULTI-FAMILY DWELLING              | <input type="checkbox"/>   | INDUSTRIAL                 | <input type="checkbox"/> | SEWAGE DISPOSAL: Onsite | <input type="checkbox"/> | Municipal | <input type="checkbox"/> |
| HOW MANY BEDROOMS? _____           |                            | OTHER _____                |                          |                         |                          |           |                          |
| WILL A SEWAGE EJECTOR BE UTILIZED? | <input type="checkbox"/> Y | <input type="checkbox"/> N |                          |                         |                          |           |                          |

APPLICANT	ADDRESS	CITY	ZIP
	PHONE	EMAIL	

OWNER	ADDRESS	CITY	ZIP
	PHONE	EMAIL	

**SERVICE REQUESTED:**

**WATER SUPPLY**

- NEW WELL PERMIT
- WELL REPAIR / REPLACEMENT PERMIT
- OTHER

**SEWAGE DISPOSAL**

- SOIL EVALUATION
- NEW ONSITE SEWAGE DISPOSAL SYSTEM PERMIT
- SEALED SYSTEM PERMIT
- ONSITE SEWAGE DISPOSAL SYSTEM REPAIR, MODIFICATION OR REPLACEMENT PERMIT

\*\*\*\*\* (the following section must be completed) \*\*\*\*\*

EXISTING TILE FIELD LOCATION \_\_\_\_\_ EXISTING WELL LOCATION \_\_\_\_\_ OTHER WELLS \_\_\_\_\_

TIME FOR SOIL EVALUATION IN EXCESS OF THE BASIC SERVICE WILL BE BILLED AT THE CURRENT HOURLY SERVICE RATE. I ALSO UNDERSTAND THAT THE REQUESTED SEWAGE DISPOSAL SERVICE(S) WILL BE PERFORMED ONLY AFTER I HAVE GIVEN NOTICE TO PUBLIC UTILITIES IN ACCORDANCE WITH ACT 53 P.A. 1974 AS AMMENDED. COMPILED LAWS 460.701. ANY DAMAGE OCCURING AS THE RESULT OF UNMARKED UTILITIES (NOT SUBJECT TO MISS DIG) WILL BE THE RESPONSIBILITY OF THE OWNER. I/WE UNDERSTAND THAT ANY PERMIT ISSUED AS A RESULT OF THIS APPLICATION WILL BE ONLY FOR THE USE THAT I HAVE DESIGNATED.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

ACCOUNTING:

DATE _____	DATE _____	DATE _____	DATE _____
RECEIPT # _____	RECEIPT # _____	RECEIPT # _____	RECEIPT # _____
SOIL FEE _____	SEPTIC PERMIT FEE: _____	WELL PERMIT FEE: _____	PLAN REVIEW _____
HRS TO BILL _____		WATER SAMPLES: Bacti _____	SUB. REVIEW FEE _____
		Partial Chem. _____ As _____	# LOTS ____ @ \$____ / LOT
		Other _____	