GRAND TRAVERSE COUNTY ENVIRONMENTAL HEALTH
WELL & SEPTIC STATUS FORM - $25

☐ DEMOLITION  ☐ REMODEL  ☐ ADDITION  ☐ HOME REPLACEMENT  ☐__________

Property Address:
_____________________________________________________________________________________

Property Tax ID:  Township:
_____________________________________________________________________________________

Owner Name:  Owner Phone:
_____________________________________________________________________________________

Owner Address:
_____________________________________________________________________________________

Contractor’s Name:  Contractor Phone:
_____________________________________________________________________________________

Contractor’s Address:
_____________________________________________________________________________________

Please include a brief summary of the proposed changes to the property. For residential, please
include current bedrooms, proposed bedrooms and whether or not the property has/will have a
garbage disposal. For commercial, please state number of bathrooms, employees, and max
customers/day.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
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_______________________________________________________  ___________________________

Signature of Owner/Contractor  Date

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Grand Traverse County Environmental Health

WELL & SEPTIC STATUS FORM  
(TO BE COMPLETED BY SANITARIAN)

☐ EXISTING PERMIT AVAILABLE  PERMIT #: ______________ DATE OF ISSUE: __________
☐ EXISTING PERMIT NOT AVAILABLE  

☐ Well shall be properly plugged according to Part 127 of Act 368, P.A. 1978, as amended. Abandoned well plugging record shall be submitted to the Health Department. A new well may be required.

☐ Septic tank(s) and any other tank(s) associated with the wastewater system shall be pumped by a licensed septage hauler, crushed, and filled or removed. A new wastewater system may be required.

☐ Existing well meets current well construction code requirements and is approved for use as an:
  ☐ Private Residential Well
  ☐ Irrigation Well
  ☐ Public Well  circle type: TYPE II TYPE III

☐ Existing septic system meets current design requirements for proposed use and meets all isolation requirements. Tank(s) Size(s): ________________ Drainbed: ______________
Existing septic system will serve:
  ☐ Residential home with _____ bedrooms  Garbage Disposal: YES NO
  ☐ Commercial facility with design daily flow of _____ gal/day
  ☐ Other use with design daily flow of _____ gal/day

☐ Existing septic system does not meet current design requirements, but is considered “grandfathered” for proposed use.

Comments:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Signature of Health Department Representative __________________________  Date __________

OFFICE USE ONLY

Receipt Date: ______________  Receipt #: ______________  Initials: _______