



2026 APPLICATION FOR PERMIT or EVALUATION

NOT REFUNDABLE OR TRANSFERABLE - PAYABLE TO THE BAY COUNTY HEALTH DEPARTMENT

Environmental Health Division 4150 E Wilder Rd., Bay City, MI 48706 – (989) 895-4006 #3

environmentalhealth@baycountymi.gov

No action can be taken until this APPLICATION is COMPLETED, both FRONT and BACK, and PROPER Fee is PAID.

Office Use: Rec'd by: _____	Date: _____	Amt \$ _____	Check# _____	Ca. ☐	C.C. ☐
Receipt # _____	Septic Permit # _____	Well Permit # _____	Tank Permit # _____		
Date Flagged: _____	NOTE: _____				

APPLICANT: _____ Phone #: _____

MAILING ADDRESS: _____ / _____ / _____
Number Street/Road City Zip

PERMIT MAILED: ____Yes ____No OR PERMIT EMAILED: _____
Email Address

VACANT LAND EVALUATION ☐ \$251.00
NEW SEWAGE **PERMIT** (Vacant Land Evaluation required for permit) ☐ \$333.00
TOTAL COST FOR BOTH ☐ **\$584.00**

REPLACEMENT SEWAGE **PERMIT** ☐ \$584.00

SEWAGE **TANK** REPLACEMENT ☐ \$251.00

LOAN EVALUATION, ONSITE SEWAGE SYSTEM **OR** WELL EVALUATION **EACH** ☐ \$251.00

LOAN EVALUATION, ONSITE SEWAGE SYSTEM **AND** WELL EVALUATION **BOTH** ☐ \$397.00

Note (Loan evaluations for well include 2 water samples, Bacti, Partial Chemical.)

WELL **PERMIT** - Residential _____ New _____ Replacement ☐ \$333.00
Commercial _____ New _____ Replacement ☐ \$663.00

PROPERTY INFORMATION

Property Address/Road: _____ City: _____ Zip: _____

Property Code Number: **09** - - - - -

Township: _____ Section: _____ Lot#: _____ Lot Size: _____

Do you own the property? ☐ YES ☐ NO, Name & Phone# of Owner: _____

Is the property suspected to be within a Flood-plain or Wetland? ☐ NO ☐ YES, you should contact the DEQ,
Land and Water Division (989) 894-6200

NEW/REPLACEMENT CONSTRUCTION

Commercial

____ # of Employees

Residential

____ # of Bedrooms
____ With Basement

Water Supply:

____ Well
____ Municipal

Fuel Oil Heat?

____ Yes
____ No

Show location of property to the nearest crossroads

DRIVING DIRECTIONS

▲

N

LOAN EVALUATION

Age of Sewage System _____

REASON FOR EVALUATION

☐ Replacing House
☐ Adding a Bedroom

____ Existing
____ Proposed

____ Use Existing System

____ Other _____

Must be completed for Loan Evaluations

Applicant is required to arrange for a septage hauler to be present to pump septic tank at time of inspection. Applicant must call this department and septage hauler to set up a mutually agreeable day and time for this to take place.

Age of House: _____ years Number of Bedrooms: _____ Is House Presently Occupied? ☐ YES ☐ NO

WELL INFORMATION

Well Location: _____

Well Depth: _____' Casing Diameter: _____"

Well Drilled By: _____

Date: _____

Note: Partial Chemical samples are forwarded to the MDEQ Lab in Lansing, Michigan. Results from MDEQ are available in 1-2 weeks.

SEPTIC SYSTEM INFORMATION

Septic Tank Size: _____ Gals.

Disposal Area Size: _____ Square Feet

Installed By: _____

Approx. Date Installed: _____

Date of Last Pumping: _____

Site Layout - MUST Be Complete

Draw and show, if possible, the location of the following facilities for the property referenced on this application and adjacent lots where buildings are located within 150 feet of your property.

You must include, to the best of your knowledge:

- a) Property lines/dimension(s), sewage and well system location, driveway, pole barns(s), easements, drains, ditches and utilities.
- b) Measurements in relation to lot lines.

North
↑

South
↓

West

East

I hereby agree to comply with the Sanitary Code of Bay County, the well ordinance and any other code that applies to any permit issued to me or the permittee I represent. I give or have secured permission for the Bay County Health Department to enter the property referenced in this application for the purpose of making an onsite evaluation to determine the suitability of said parcel for construction of an onsite sewage disposal system and/or water supply, or to investigate health and/or environmental hazards and to issue public health orders to abate same. I also agree to comply with any design requirements or other requirements on the permit(s). Any Deviation from the specifications on the permit(s) must be approved in advance by the health Department. I also understand that the issuance of a permit does **not** constitute a guarantee of proper septic system functioning.

Appeals regarding any permit must be submitted to the
Health Officer within ten (10) days of issuance of any permit.

***Homeowner may be required to provide the digging of test holes for soil analysis. Sanitarian will contact you.**

Signature _____ Date _____