



**Public Health**  
Prevent. Promote. Protect.

Wayne County Health Department

# SEWAGE SYSTEM SITE REVIEW REQUIREMENTS FOR PERMIT APPROVAL

## \$100 APPLICATION FEE

PROPERTY ADDRESS: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_

**Structure Information:** # Bedrooms: \_\_\_\_\_ or # Employees and Type of Business: \_\_\_\_\_

**Acres/Lot size:** \_\_\_\_\_ **CIRCLE:** Well or City Water **Vacant Land:** YES / NO

**\*PLEASE ATTACH A COPY OF SOIL ANALYSIS or NPDES PERMIT WITH THIS APPLICATION\***

### Property Owner or Owner Designee Information:

Owner \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Applicant \_\_\_\_\_ Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Why Requesting Site Evaluation:** \_\_\_\_\_

**APPLICATION FOR:**   0 New Installation   0 Replacement   0 Alteration   0 Small Flow

### TO BE COMPLETED BY THE HEALTH DEPARTMENT:

The following items must be submitted, reviewed, and approved by this office to obtain a sewage system installation/alteration permit. Only a registered sewage system installer or a property owner who has taken and passed the sewage system installer's test can obtain a sewage system installation/alteration permit. **NOTE:** The area designated for sewage system installation must be protected from construction traffic, storage of materials, encroachment of any kind, or other potential damage. Stake or flag both primary and replacement septic area.

Initials	Date	Rec #		FEE DUE
			Complete site application/Re-evaluation or re-flagging	\$100/\$50
			Site Evaluation completed and approved. Stake Area.	
			Final design plan submitted with soil analysis/Re-evaluation	\$125/\$50
			Plot plan Review- FOR SURVEY ONLY	\$100
			Final design plan approved	
			Septic Installation Alteration/Permit applied(A/P)	A-\$200 P-\$425
			Septic Installation Permit Issued- PERMIT #	

**0 NEW   0 REPLACEMENT   0 ALTERATION   0 SMALL FLOW   0 NPDES**

**Comments/Limitations of Site:**

**The above information has been approved. Building Permits may now be issued.**

Sanitarian Name: \_\_\_\_\_

Date: \_\_\_\_\_

REVISED 12/27/19