

SITE EVALUATION FEE: \$400.00

NO. _____

CLINTON COUNTY HEALTH DEPARTMENT

SYSTEM DESIGN APPLICATION

Applicant's Name: _____ Phone: _____

Mailing Address: _____ City: _____ Zip: _____

Address of Property: _____ City: _____ Twp. _____

.....
PLEASE NOTE: YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT A CORRECT STREET ADDRESS AND PLOT PLANN SHOWING ALL THE INFORMATION REQUESTED ON THE ATTACHED EXAMPLE.
.....

- 1. How many acres is your lot? _____
- 2. How many bedrooms does your home have? _____
- 3. Will your home have a basement? YES NO
- 4. If yes, will your home have:
 - A walkout basement?(Please note location of walkout on plan) YES NO
 - Plumbing in the basement? YES NO
- 5. Will your home have public water or well? _____
(If you have a well, please show the proposed location on your plot map.)
- 6. Do you use an average of 5000 gallons or more of water each month? YES NO

IF YOU USE AN EXCESS OF 5000 GALLONS PER MONTH, YOU MAY NEED ADDITIONAL LINES OR A LARGER SEPTIC SYSTEM

.....
PRIOR TO THE EVALUATION OF YOUR LOT, THE FOLLOWING MUST BE DONE

- 1. YOUR HOME MUST BE STAKED (FOUR CORNERS)
- 2. PROPERTY LINES MUST BE CLEARLY MARKED
- 3. LOT MUST BE MOWED
- 4. ADDRESS MUST BE POSTED
- 5. ALL EXISTING EASEMENTS SUCH AS WATER, POWER LINES MUST BE MARKED

.....
Applicant's Signature _____ Date _____
.....

SITE APPROVED _____ SITE DISAPPROVED _____

SANITARIAN'S SIGNATURE _____ DATE _____