

VAN BUREN / CASS DISTRICT HEALTH DEPARTMENT

Van Buren County Office
 Environmental Health Services
 260 South Street
 Lawrence MI 49064
 (269) 621-3143
 Check payable to VBCDHD



Van Buren/Cass District
 Health Department

Cass County Office
 Environmental Health Services
 302 S. Front Street
 Dowagiac MI 49047
 (269) 782-0064
 Check payable to VBCDHD

APPLICATION FOR WELL/SEPTIC PROJECT OR INSPECTION

Application for: Residential Business **ALL PERMITS GOOD FOR ONE YEAR**

<input type="checkbox"/> Septic System – New Construction* \$250	<input type="checkbox"/> Well Permit – New Construction* \$250	<input type="checkbox"/> Home loan – water & septic ** \$200
<input type="checkbox"/> Septic System – Replacement \$250	<input type="checkbox"/> Well Permit – Replacement* \$250	<input type="checkbox"/> Home loan – well & water \$150
<input type="checkbox"/> Septic - Hookup to Existing ** \$250	<input type="checkbox"/> Well – Hook up to Existing* \$250	<input type="checkbox"/> Home loan – septic only ** \$125
<input type="checkbox"/> Septic – Tank Only \$250	<input type="checkbox"/> Well – Renewal** \$125	<input type="checkbox"/> Lead water test \$30
<input type="checkbox"/> Septic – Renewal** \$125	<input type="checkbox"/> Well Permit – Type II \$400	<input type="checkbox"/> Short term rental – water & septic ** \$200
** within 6 months of expiring & no changes needed	<input type="checkbox"/> Well Permit – Type II Alteration \$400	<input type="checkbox"/> Short term rental – septic only ** \$125
* Drawing required on back	<input type="checkbox"/> Check if out of Water	** Requires septic lid to be removed

Address of property: _____

City: _____ Zip: _____ Parcel # _____ - _____ - _____ - _____

Township: _____ Subdivision: _____ Lot # _____ Lot Size _____

Is this a single family dwelling Yes No If No...indicate dwelling type or business name: _____

Number of Bedrooms: _____ Number of Occupants: _____ Number of Bathrooms: _____

Is there a garbage grinder in the kitchen sink Yes No

Is municipal sewer available Yes No Is municipal water available Yes No

Applicant: _____

Address: _____

City: _____ State _____ Zip _____

Work/Cell Phone () _____--_____

Home Phone () _____--_____

Email: _____

Owner (if not applicant) _____

Address: _____

City: _____ State _____ Zip _____

Work/Cell Phone () _____--_____

Home Phone () _____--_____

Email: _____

NOTE: Prior to this department performing any site evaluation that involves disturbing the ground surface, i.e., auger borings, probing, etc., the property owner must contact MISS DIG to clearly identify any/all underground utilities. If the property owner fails to notify MISS DIG, then the local public health department assumes no liability in the event of any damages occurring and the property owner shall bear all costs of repairs.

NOTE: A Soil Erosion & Sedimentation Permit is needed when any soil is disturbed within 500' of any water bodies, (i.e., lake, stream, pond, river, etc.) by contacting (269) 657-8241 (Van Buren County) or (269) 445-8641 extension 5 (Cass County)

Applicant Name: _____ Signature: _____

(Health Department Use Only)			
Date Application Received	Receipt Number	Permit Number	Permit Number

SCALE DRAWING

Make a SCALE DRAWING, including dimensions, in the space provided.
Locate all possible sources of contamination.

On-Site Fuel Oil Tank

Septic Injector Pump in Basement of House



Rule 161(3) of Part 127 of Act 368 states:

(3) The water supply owner shall be responsible for collecting the water sample. The well drilling contractor or pump installer shall notify the water supply owner of the owner's responsibility for collecting the water sample.

updated
5-22-24

(Health Department Use Only)

Type of Evaluation	Date of Evaluation	Date of Permit issuance	Sanitarian
<input type="checkbox"/> office <input type="checkbox"/> Field			

USPS or email to applicant: _____
Name/Date

USPS or email to owner: _____
Name/Date