



**SHIAWASSEE COUNTY**  
**HEALTH DEPARTMENT**  
*Promoting Wellness. Protecting Health.*

ENVIRONMENTAL HEALTH DIVISION  
 201 N. Shiawassee St., Corunna, MI 48817  
 Phone: 989-743-2390 Fax: 989-743-2413  
<http://health.shiawassee.net>

Facility ID# _____
Fee \$ _____ Rec. # _____
Date: _____

**PLAN REVIEW APPLICATION**  
**SUBDIVISION / SITE CONDOMINIUM**

1. GENERAL INFORMATION

Property Location: \_\_\_\_\_ Township: \_\_\_\_\_ Sec. No. \_\_\_\_\_  
 (Name of Road)

Applicant's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Mailing Address City State Zip Code

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Mailing Address City State Zip Code

2. TYPE OF PROPOSED DEVELOPMENT

Individual onsite wells ? Yes [ ] No [ ]  
 Individual onsite sewage disposal systems? Yes [ ] No [ ]  
 Small community system (Less than 10,000 gal/day) [ ]  
 (Greater than 10,000 gal/day) [ ] MDEQ Approved Yes [ ] No [ ]

Proposed number of parcels/lots \_\_\_\_\_  
 Number of acres \_\_\_\_\_

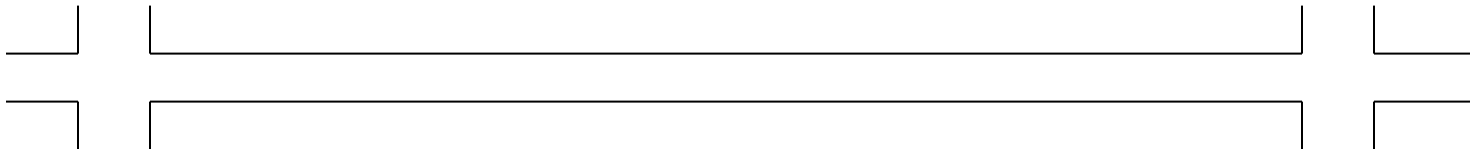
Name of Engineer/Design Consultant: \_\_\_\_\_

Plans submitted? Yes [ ] No [ ]  
 Pre-treatment? Yes [ ] No [ ]

Basis for design: \_\_\_\_\_  
 \_\_\_\_\_

3. DESCRIPTION OF PROPERTY LOCATION

A. Consider this a one mile section. Give the name of the road your property is located on and the names of the nearest cross-roads. Place an "X" to indicate your property location. Please indicate which direction is North.



B. My property is located on the North [ ] South [ ] East [ ] West [ ] side of \_\_\_\_\_ Road \_\_\_\_\_ Feet from the intersection of \_\_\_\_\_ Road and \_\_\_\_\_ Road.

4. **IT IS THE RESPONSIBILITY OF THE BACKHOE OPERATOR TO SET UP THE SOIL EVALUATION APPOINTMENT WITH THE SANITARIAN. PRIOR TO ANY DIGGING \* CALL MISS DIG \* 800 - 482 - 7171**

\_\_\_\_\_  
 Signature of Owner/or Applicant \_\_\_\_\_  
 Date