



Luce County • 14150 Hamilton Lake Road, Newberry, MI 49868 • (906) 293-5107 • Fax (906) 293-5453
Mackinac County • 749 Hombach Street, St. Ignace, MI 49781 • (906) 643-1100 • Fax (906) 643-0239
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Application for Commercial (Non-Residential) Onsite Sewage Disposal System Construction Permit

For systems other than single family residential and less than 10,000 gallons/day capacity

*Evaluated under specifications contained in "Michigan Criteria for Subsurface
Sewage Disposal" Michigan Department of Public Health, publication D-48, Rev. 4/94
and/or the Upper Peninsula Environmental Health Code*

Site Evaluation only (complete Section I and submit a proposed site plan) Fee: \$182.00

The following must be submitted to request a construction permit:

1. Completed Application
2. Soils evaluation report
3. Detailed site plan including a complete Sewage Disposal System design plan(s)
4. Application fee:

≤ 2,000 gallons/day:	\$458.00;	Advanced Treatment \$650.00
2,000 – 10,000 gallons/day:	\$577.00	
Tank Replacement or Vault Privy:	\$198.00	

Notes:

1. This application pertains only to the treatment and disposal of sanitary sewage which originates from items such as toilets, sink and laundry waste, bath water, etc. The treatment and disposal of wastes from industrial or commercial proposals such as laundromats, car washes, floor drains, brew/wine making, etc. requires a separate permit from EGLE. Systems with high BOD or other factors may need approval from EGLE.
2. A \$26.00 fee is required for services requiring travel to an island.
3. Systems shall not be installed within 100 year floodplain, beneath buildings, underneath parking lots, roadways, or other impervious surfaces or within 10 feet of road right-of-ways.
4. A separate reserve area shall be identified for all new developments.
5. Tank replacement – demonstration of field performance required. If no permit on record, a complete existing facility evaluation may be needed.
6. The following isolation distances must be met:

Feature	Distance in Feet
Surface Water	100
Building Footings or Storm Drains	25
Property Lines	10
Building Foundations	15
Type I and Type IIa Water Supply Well	200
Type IIb and Type III Water Supply Well	75
Residential Well	50

7. Variance request must be submitted with this permit application. Review outcome may change the proposed design plan.
8. An evaluation of the soils at the property is required to properly size and design the Commercial Sewage Disposal System. A Registered Sanitarian or Professional Engineer in private practice may provide the soils information as part of this application.

Alternatively, LMAS may evaluate the soils at the property provided the owner/applicant facilitates the arrangement of backhoe cuts to a depth of at least 6' (*min. of 2 cuts required*) for soils assessment and payment of a service fee.

9. Volume of sewage flows may be provided by site specific water meter usage or providing meter usage results from comparable facilities (including documentation on how facilities are comparable). See Appendix C of the Michigan Criteria for other determination recommendations.
10. A registered professional engineer or registered sanitarian in private practice is required to prepare construction plans for systems with flows of 2,000-10,000 gallons/day including systems with a sewage output less than 2,000 gallons/day. **This requirement may be waived at the discretion of the health officer for small systems with flows less than 2,000 gallons per day if project is not owned by a public works entity.**

For systems exceeding 10,000 gallons/day, submit plans to Michigan Department of Environment, Great Lakes and Energy (EGLE) for review and approval.

Systems with flows less than 1,000 gallons per day may be evaluated under the Upper Peninsula Environmental Health Code (UPEHC) for site suitability under 3-14.1. Alternative treatment systems approved under the UPEHC may be considered for installation of systems with flows less than 1,000 gallons per day.

11. Systems with sewage flows greater than 6,000 gallons/day require an EGLE groundwater discharge permit.
12. Other permits may be necessary for the proposed project. It is the owner/contractor's responsibility to ensure all required permits are in place. Examples: zoning, wetland/critical dunes, soil erosion, building, electric, mechanical, etc.
13. Additional information may be required following submission of application to determine proper system design and sizing.

Commercial (Non-Residential) On-Site Treatment and Disposal (OSTDS) System Application

Office Use Only	
Amount Paid:	
Date:	

I. PROJECT IDENTIFICATION

- Type: Vacant Land Existing Development; New Replacement Additional
- Establishment/Project Name: _____
- Business Type (use): _____
- Operation: Year-round Seasonal (From _____ To _____)
- Type of Water Supply Service (circle one): Municipal Existing Well New Well (permit required)
- Owner Name: _____ Primary contact
Address: _____
Phone: _____ Email: _____
- Applicant (if different from owner**): _____ Primary contact
***Authorization required from owner*
Company name: _____
Address: _____
Phone: _____ Email: _____
- Property Information:
T: ___ N R: ___ E/W Section: ___ Property Tax Id #: _____ - _____ - _____ - _____
Subdivision/Site Condo: _____ Lot #: _____ Year Platted: _____ N/A ___
Parcel Size: Width _____ Length _____ Acreage _____
If parcel is less than one acre, was the parcel created after 7/28/1997? Yes* No
*** STOP – compliance with EGLE land division required. Detailed development plan & site work shall be completed by any of the following: licensed professional engineer, professional surveyor, registered sanitarian, or knowledgeable professional experienced with land division. Submit all required information to LMAS with review fee of \$426. Land division rules can be viewed at www.michigan.gov/egle**
- Detailed directions to project site: _____

By signing below, I hereby certify that the information provided for this proposed project is complete and accurate. I understand that payment of the application fee does not guarantee approval. I further acknowledge that I am the property owner or acting as an authorized representative on behalf of the property owner. If a permit is issued as a result of this application, it will be considered property of the property owner. The services of a backhoe are necessary for the soil evaluation; I understand that I am responsible for coordinating and providing the service along with any other additional testing that may be needed. The applicant is responsible for contacting Miss Dig prior to service. Failure to have the site ready for the scheduled date may result in additional fees. Application fees are non-refundable upon initiation of any field activities.

Applicant's Signature: _____ Date: _____

II. CONSULTANT CERTIFICATION

1. Prepared by: _____ Primary contact
2. Registration number: _____
3. Firm: _____
4. Address: _____
5. Phone: _____ Email: _____
6. _____
Signature _____ Date _____

III. SYSTEM DESIGN

1. Total volume of flow (gallons/day): _____
Note: Volumes ≥ 2,000 gallons per day must be dosed
2. **Basis for flow determination:** Metered use; Comparable use; Fixture counts;
 Criteria Table; Criteria Appendix; Other: _____
3. Loading rate: _____ gal./ft²/day

IV. SEPTIC TANK(S) Including Pump Tank(s)

1. Provide information on TANK(S) - *include spec sheets (if applicable)*

Tank(s)	T1	T2	T3	T4
Use				
Working Capacity				
# of Compartments				
Material				
Manufacturer				
Effluent Filter	Yes___ No ___ N/A ___	Yes___ No ___ N/A ___	Yes___ No ___ N/A ___	Yes___ No ___ N/A ___
	Manufacturer: _____	Manufacturer: _____	Manufacturer: _____	Manufacturer: _____
	Model #: _____	Model #: _____	Model #: _____	Model #: _____

- Notes:
- a. Food Service Facilities: Septic tanks shall be designed to provide a min of 72 hours retention. Either multiple tanks or multiple compartment tank shall be used. The first tank or compartment shall have a min. capacity of approximately 2/3 the total volume. Alternatively, separate plumbing with a grease interception device for kitchen waste may be installed (documentation required) and septic tank capacity reduced to 24 hour retention time for a total wastewater flow. Grease interception devices shall be designed in accordance with State of Michigan regulations.
 - b. Risers to grade must be provided to each compartment of the tank(s). LMAS requires secondary security to preclude accidental tank entry. This shall be a dual lid system, leaving the concrete lid in place, or shall be equipped with other approved safety device.

V. EFFLUENT DOSING (REQUIRED IF FLOW ≥ 2000 GALLONS PER DAY)

Note: Total pipe volume must equal or exceed the dose volume.

Dose volume = _____ sewage flow (gpd) / 4 doses per day = _____ gal./dose

VI. PUMP SELECTION (If applicable)

****Provide basis of pump selection such as a software printout**

Pumping specifications

- a. Dosing volume _____ (gal./dose)
- b. Dosing time _____ (min.)
- c. Pump duty point _____ gpm at _____ feet TDH (attach copy of pump performance curve)
- d. Pump make _____
- e. Pump model _____
- f. HP _____
- g. Pump/Pump Chamber – misc.

Yes

No

- Dual alternating pumps?
- Audio/visual alarm?
- Pumps accessible?
- Explosive proof design?
- Emergency power source provided?
- Each pump sized for peak flow?
- Waterproof junction box for disconnect?
- Wet well vented?

VII. ABSORPTION SYSTEM

- 1. Type: Conventional Pressure Distribution Other: _____
- 2. Bed Trench (width: _____ ft)
- 3. Amt. of Total Fill: _____ inches; **Amt. of Fill on Grade:** _____ inches; Fill Type: _____
- 4. Aggregate: Total Depth _____ (inches); Size: _____
 Note: Geotextile material required for aggregate cover
- 5. Linear feet of pipe: _____ Pipe material: _____
- 6. Pipe: diameter: _____ in. Volume: _____ gal./ft.
- 7. Pipe spacing: _____ feet on center
- 8. Effective seepage area: _____ (square feet)
- 9. Berm beyond the edge of stone: _____ ft.
- 10. Side slopes from berm edge: _____ on _____
- 11. Depth of earth cover: _____ (inches)

****For new construction, demonstrate location of designated replacement area on detailed design plan**

Estimated Sewage Quantities

This information is necessary to ensure the system is designed for the intended need and peak use. Please fill out as many of the items below as possible. Not everything will apply to your particular site.

Type of establishment or business: _____

Number of Employees: _____/Shift Students: _____ Patients: _____

Normal Business Hours: _____ Total Hours per day: _____ Seasonal dates: _____

Total number of work shifts: _____ Total # of Bedspaces: _____; Max. Occupancy: _____

Square Footage of Proposed Building: _____

Total seating capacity: _____ Proposed meal periods per day: _____

INDICATE TOTAL NUMBER PLANNED FOR EACH APPLICABLE ITEM BELOW:

Apartment Units _____
 Hotel/Motel Units _____
 Classrooms _____
 Camp Sites _____
 Hair Styling Salon/Barber Shop Chairs _____
 Vehicles served per day (service stations)..... _____
 Swimming Pools, Spa Pools, Whirlpools..... _____
 Hospital, Clinic bed spaces _____

INDICATE TOTAL NUMBER OF FIXTURES

Garbage Disposal/Grinder Units..... _____
 Toilets/Water Closets..... _____
 Lavatories/Hand Sinks..... _____
 Automatic Washing Machines..... _____
 Bath Tubs/Shower Stalls..... _____
 Urinals..... _____
 Drinking Fountains..... _____
 High Pressure Washing Equipment..... _____

FOR FOOD SERVICE ESTABLISHMENT ONLY INDICATE TOTAL NUMBER OF FIXTURES:

Garbage Disposal/Grinder Units..... _____
 Toilets/Water Closets..... _____
 Lavatories/Hand Sinks..... _____
 Janitorial/Slop Sinks..... _____
 Automatic Washing Machines..... _____
 Bath Tubs/Shower Stalls..... _____
 Urinals..... _____
 Ice Machines..... _____
 Fountain Pop Dispensers..... _____
 Ice Cream Machines..... Type _____
 Dipper Well..... _____
 Ice Bins..... _____

Other: _____

Will this facility generate liquid waste from other than toilets, sinks, baths or Laundry? Yes ___ No ___
 If Yes, please explain: (Examples include: brew/wine making, fish waste, hazardous waste, etc.)

Furnace condensate: Yes ___ No ___

Floor Drains: Yes ___ No ___

Water Treatment Devices: Yes ___ No ___



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Commercial/Public Water Supply Systems

A well which supplies water for public or commercial use shall obtain a permit for the construction, alteration or conversion (existing private to public use).

All Commercial/Public Water Supply Systems shall be constructed in accordance with Part 127 of Act 368 of 1978 (Statute) and Safe Drinking Water Act 399 of 1976 by a licensed well driller.

Type III Permit - Commercial, serving less than 25 persons/day (i.e. Office, Irrigation, Cabin, MDARD facility, etc.)	\$360
Type II Permit - Commercial, serving more than 25 persons/day (i.e. Food Service, Campground, Motel, Large Employer, etc.)	\$485
Sanitary Survey – Site Evaluation of Well/Pressure Tank/Facility	\$185

The following steps shall be followed to obtain a permit:

1. Complete and submit “Application to Install or Alter a Public Water Supply System”
 - i. Establishment/Owner/Operator Details
 - ii. Project Description including Water Treatment
 - iii. Drawing
 - iv. Plumbing Fixture Inventory
2. Site Evaluation conducted by the Health Department to approve proposed well location after receiving application documents.
3. Pre-construction meeting if special well construction needs and responsibility are needed for completing permit requirements.

Requirements following the permit:

1. Installation of system must meet the requirements of the Safe Drinking Water Act 399 and the construction permit.
2. Water samples must be submitted in accordance with the Safe Drinking Water Act 399 and construction permit.
3. Well log and pump record submitted by a licensed well driller and/or licensed pump installer.
4. **Final Inspection is required for public water systems.** Inspection by the Health Department will include well construction, pump installation, and distribution system.

System Approval: Final approval may be granted after the Health Department has approved the well construction, pump and distribution system installation, received and reviewed well log and pump record, and received analysis of water results indicating water does not exceed maximum contaminant levels.

THE WELL SHALL NOT BE PLACED INTO SERVICE UNTIL FINAL APPROVAL BY THE HEALTH DEPARTMENT.

If you have any questions regarding these procedures, please contact your local health department office or Megan Webber, Type II Coordinator, at mwebber@lmasdhd.org

Consider the below isolation distances when determining a potential location for your well. This is not a full list of isolation distances, but indicate the most common.

Isolation Distances in accordance with Part 127, Act 368

CONTAMINATION SOURCE	Required MINIMUM Isolation Distance (Feet)		
	Part 127, Act 368	Act 399, PA 1976	
	PA 1978	IIb and III	I and IIa
Chemical Storage	150	800	2000
Contaminant plumes, known (Part 201, LUST sites, etc.)	**300	**800	**2000
Drainfield	50	75	200
Fuel/chemical storage tanks – Underground or abovegrade and associated piping depot/tank farm	300	800	2000
Grease trap	50	*75	*200
Landfill or dump sites (Active or Inactive)	800	800	2000
Privy/outhouse	50	75	200
Septic tank	50	75	200
Septage waste (land application area)	800	800	2000
Sewage pump chamber, transfer station, or lift station	50	75	200



**APPLICATION TO INSTALL OR ALTER
A PUBLIC WATER SUPPLY SYSTEM**

Completion is required under the authority of Part 13, 1976 PA 399.

Type of Permit Request

- New well and water supply
- Replacement well only
- Alteration of an existing public water supply (distribution system)
- Conversion from existing operation to new use

Establishment Details

Name: _____

Address: _____

County: _____

Township: _____ Section: _____

WSSN: _____ (If available)

Dates of Operation of the Water System: Year-round Yes No, from _____ to _____

Drain all or a portion of the system: Yes No

Number of Service Connections (Buildings): _____

Proposed or existing use (Restaurant, Campground, School, Church, etc.): _____

License(s) if applicable (Food, Campground, Childcare, etc.): _____

Wastewater System: Onsite Disposal (private) Sanitary Sewer (community)

Owner Details

Owner Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Operator Details

Nontransient systems and systems with regulated treatment

Certified Operator Name: _____

Operator Number: _____

Email Address: _____

Phone Number: _____

Population

Number of Full Time Employees: _____ Number of Part Time Employees: _____

Number of Students (Schools): _____ Number of Children (Licensed Daycare): _____

Average Number of Non-Employees (Guests) Served Per Day: _____

If the facility is not open every day, use the total of 30 busiest days and divide by 30.

Water Treatment

(e.g., Softener, In-line Filter, Contaminant Removal)

An additional treatment permit may be necessary once the treatment scope is reviewed.

Is there proposed or existing water treatment? Yes No

Describe all treatment devices and their purpose(s) :

Well Installations (if applicable)

Registered Well Contractor Company Name: _____

Phone Number: _____

After well construction is completed, a water well and pump record must be submitted and approved, the local health department is to be notified for final inspection, and applicable sampling of the well and water supply system is to be completed. Approval from the local health department is required prior to placing water supply well into service.

Project Description

Provide a detailed description of the project. Provide product information if you are installing any fixtures, treatment devices, filters, etc. All products must meet NSF/ANSI 60 and 61 to be approved for use in a public water supply system. Use additional sheets as necessary.

(Examples: Remodel project will include replacing all current plumbing fixtures. Replacing pressure tanks. Replacing water softener.)

Complete the Fixture Count Worksheet

Method(s) used to calculate peak demand: _____

Estimated peak demand (gallons per minute): _____

The applicant may have like-sized facilities where water usage is known, e.g., chain of fast-food restaurants. In those cases, the system sizing could be based upon the known water usage and pumping capacity. If used to estimate peak demand, submit documentation of water usage at the like-sized facility with this application.

If the manufacturer’s rated pump capacity is or will be greater than 70 gallons per minute, completion of the Michigan’s Water Withdrawal Assessment Tool (WWAT) is required. The WWAT is available at the following link [Water Withdrawal Assessment Tool](https://www.michigan.gov/EGLE/0,9429,7-135-3313_3684_45331_45335-477090--,00.html) (Michigan.gov/EGLE/0,9429,7-135-3313_3684_45331_45335-477090--,00.html).

Drawing

Describe the type of drawing submitted (engineered plans, scale drawings, etc.). If engineered plans are available, submit a full set of project plans with this application.

Type of Drawing:
(hand, scaled,
engineered) _____

If Applicable:
Professional Engineer
or Consultant Name: _____
Email Address: _____
Phone Number: _____

If engineered plans are not available, submit a scale drawing on an 8.5" x 11" paper or larger. The drawing must minimally include:

1. North arrow
2. Property lines and dimensions
3. Streets or roads and driveways
4. Existing and proposed buildings – include distance to roads and landmarks
 - a. Indicate proposed additions or changes to existing buildings for remodeling.
 - b. Attach existing and proposed floor plan for remodeling.
5. Well locations – (proposed and/or existing) with distance to wastewater discharge system shown
6. Wastewater discharge system components – proposed and/or existing
7. Neighboring wastewater discharge systems (within 300 feet)
8. Sanitary and storm sewers
9. Surface water, e.g., lakes, streams, ponds
10. Underground and above ground fuel storage tanks
11. Utilities, e.g., electric (above and below ground), natural gas, propane, phone

Certification

I hereby apply for this permit and have authorization to do so. I understand this is a construction permit only and that the well and/or water system is not to be put into service until approval has been granted by the local health department. I further state the information given is accurate and complete.

Applicant Name: _____
Mailing Address: _____
Email Address: _____
Phone Number: _____

Date: _____

Applicant's Signature: _____

Applicant's Title/Position: _____

Fixture Count Worksheet

Please fill in the quantity for each of the following fixtures:

- | | |
|--|---|
| _____ Toilet with tank | _____ Ice machine |
| _____ Toilet with flush valve | _____ Ice cream machine |
| _____ Urinal with tank | _____ Ice cream dipper well |
| _____ Urinal with flush valve | _____ Glass filling unit |
| _____ Bathroom sink | _____ Hot chocolate unit |
| _____ Bathtub or tub/shower combination | _____ Coffee unit/urn |
| _____ Shower | _____ Groundwater heat pump ¹ |
| _____ Drinking fountain | _____ Air conditioner (water cooled) ¹ |
| _____ Laundry tub | _____ Evaporative cooler ¹ |
| _____ Service or Mop sink | _____ Bulk chemical dispensing unit ¹ |
| _____ Lawn sprinkler per sprinkler head ¹ | _____ Boiler unit/steam heating unit ¹ |
| _____ Auto washing, hand spray type | _____ Washing machine |
| _____ Tractor and equipment washing | _____ 1/2" connection |
| _____ Water softener | _____ 5/8" connection |
| _____ Dental unit | _____ 3/4" connection |
| _____ Dental lavatory | _____ Hose bibb or Yard hydrant ² |
| _____ Garbage disposal – domestic/household | _____ 1/2" connection |
| _____ Garbage disposal – commercial | _____ 5/8" connection |
| _____ Kitchen sink – small | _____ 3/4" connection |
| _____ Kitchen sink – large/double/triple | _____ Other (describe) |
| _____ Automatic dishwasher ¹ | _____ |
| _____ Spray rinse, hand operated | _____ |

¹Please include manufacturer specifications for water demand (gpm) required per fixture, if available.

²Yard hydrants must be on the EGL E approved list (no open weep hole into the ground).

If you need this information in an alternate format, contact EGL E-Accessibility@Michigan.gov or call 800-662-9278.

EGL E does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations. Questions or concerns should be directed to the Nondiscrimination Compliance Coordinator at EGL E-NondiscriminationCC@Michigan.gov or 517-249-0906.

This form and its contents are subject to the Freedom of Information Act and may be released to the public.



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COMMERCIAL SEWAGE SYSTEM APPLICATION FOR TANK ONLY (PRIVY)

Onsite Sewage Disposal System Construction Permit Application

(Other than single family residential and less than 10,000 gallons/day capacity)

To obtain a construction permit, submit the following:

- 1. Detailed site and system construction plans;**
- 2. Enclosed requested details (information on plans need not be duplicated in this application);**
- 3. Other – if applicable**

Application fee: Privy Replacement \$198.00

Commercial Sewage System Application For Tank Privy

Office Use Only	
Amount Paid:	
Date:	
Cash/Check:	
Receipt #:	

I. PROJECT IDENTIFICATION

- Type: Vacant Land Existing Development
- Establishment Name: _____
- Business Type (use): _____
- Applicant: _____
Address: _____
Phone: _____
- Location:
County: _____
T: _____ N R: _____ E/W Section: _____
Property Description number: _____ - _____ - _____ - _____ - _____
- Detailed directions to project site: _____

II. SITE REPORT

- Lot/Parcel: Length _____, Width _____, # of Acres _____
- Soil Profile Data: record on plans or attach addition sheets. Use United States Department of Agriculture soil classification scheme. Record to six feet. Include actual and seasonal high water table elevation if less than six feet below grade.
- Percent (%) slope of steepest grades on property: _____
Is any cutting or filling of land anticipated? Yes No
Type of fill material to be used: _____
Fill depth: _____ (feet); Fill area: Width _____ (feet); Length _____ (feet)
Mound side slope ratio: _____ (vertical dimension), _____ (horizontal)
Minimum isolation distance provided to: Well(s) _____ (feet), Surface water _____ (feet),
Lot lines _____ (feet), Distance to campsite boundary _____ (feet)

III. TANK FOR VAULT PRIVY

1. Number and size of tanks: _____
2. Material construction: _____
3. Indicate how ends will be sealed: _____
4. Indicate location of any seams that may be present in the tank: _____

IV. CONSULTANT CERTIFICATION

1. Prepared by: _____
2. Firm: _____
3. Address: _____
4. Phone: _____
5. Email: _____
7. Registration number: _____
8. _____
Signature Date

*****OFFICE USE ONLY*****

1. Application is: Approved Not approved

2. Comments:

3. _____
Sanitarian Date

4. Sewage Disposal Construction Permit Number: _____
Well Construction Permit Number: _____

I, _____, of _____,
(Print name) (Name of company)

would like to register with LMAS as an **Installer** of alternative systems.
The types of systems that I have training and knowledge in designing are:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

I agree to abide by the requirements of the Upper Peninsula Environmental Health Code and the Alternative Technical Guidance Manual.

(Signature)

(Date)



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INSTRUCTIONS FOR PAPERWORK SUBMITTAL

For a gravity mound system, complete Page 1.

For a pump to gravity mound system, complete Pages 1 and 2.

For a pressurized mound system, complete Pages 1, 2, and 3.

All submittals must be accompanied by the On-site Sewage System Design Form.

Installation permits will not be issued until LMAS approves system design paperwork.

Some advanced treatment designs will also require deed restriction and system contract to be submitted before issuance of installation permit.

All system designs shall ensure compliance with other local, state and Federal codes and regulations.

All system designs shall comply with Upper Peninsula Environmental Health Code or Technical Manual. Variances shall be pursued on a case-by-case basis and supporting documentation must be submitted along with the requirements outlined above.

Mound Design Worksheet

I. Site Information

1. Property Owner: _____
2. Tax ID: _____
3. Proposed date of installation: _____
4. Site Preparation Requirements:

II. Design Data

1. Volume of flow (gallons/day) _____
2. Loading rate _____ gal./sq. ft./day

III. Tank(s)

1. Tank 1 Capacity: _____ gal.; Use: _____
A. Material: _____; Manufacturer: _____
B. Effluent filter: Yes/No C. Riser: Yes/No
2. Tank 2 Capacity: _____ gal.; Use: _____
A. Material: _____; Manufacturer: _____
B. Effluent filter: Yes/No C. Riser: Yes/No
3. Tank 2 Capacity: _____ gal.; Use: _____
A. Material: _____; Manufacturer: _____
B. Effluent filter: Yes/No C. Riser: Yes/No

IV. Drainfield - Mound

1. Amount of Fill on grade: _____ in. Fill Type: _____
2. Pipe material: _____ Pipe diameter: _____ in.

V. Design Drawing

1. Submit detailed site plan (use On-site Sewage System Design Form)
2. Submit additional paperwork relevant to system installation

VI. Design Consultant Certification

1. Prepared by: _____
2. Firm: _____ Phone: _____
3. Signature: _____ Date: _____

VII. Pump Selection

1. Minimum flow rate to maintain velocity of 2 fps

Pipe Diameter	Minimum GPM
1 1/2"	12
2"	21
2 1/2"	30
3"	46

Pipe size: _____ Minimum GPM Capacity: _____

2. Total Dynamic Head

A. Static Head: _____

B. Friction Head

i. Discharge pipe length: _____

ii. Friction loss factors of fitting and valves (complete table below)

Fitting	Size	Quantity	x Equivalent Length	Total
90s				
45s				
Tees				
Check valve				
Gate valve				
Union				

Total Equivalent Length: _____

(Discharge Pipe length _____) + (Total Equivalent Length _____) = _____
 ÷ 100 = _____ 100' increments

iii. Friction Head per 100' of _____ pipe at _____ GPM = _____ '
 x _____ 100' increments = _____ Friction Head

C. Static Head _____ + Friction Head _____ = Total Dynamic Head _____

3. Pump duty point _____ gpm at _____ feet TDH
 (attach copy of pump performance curve)

Pump make: _____

Pump model: _____

hp: _____

VIII. Pressurized Mound System

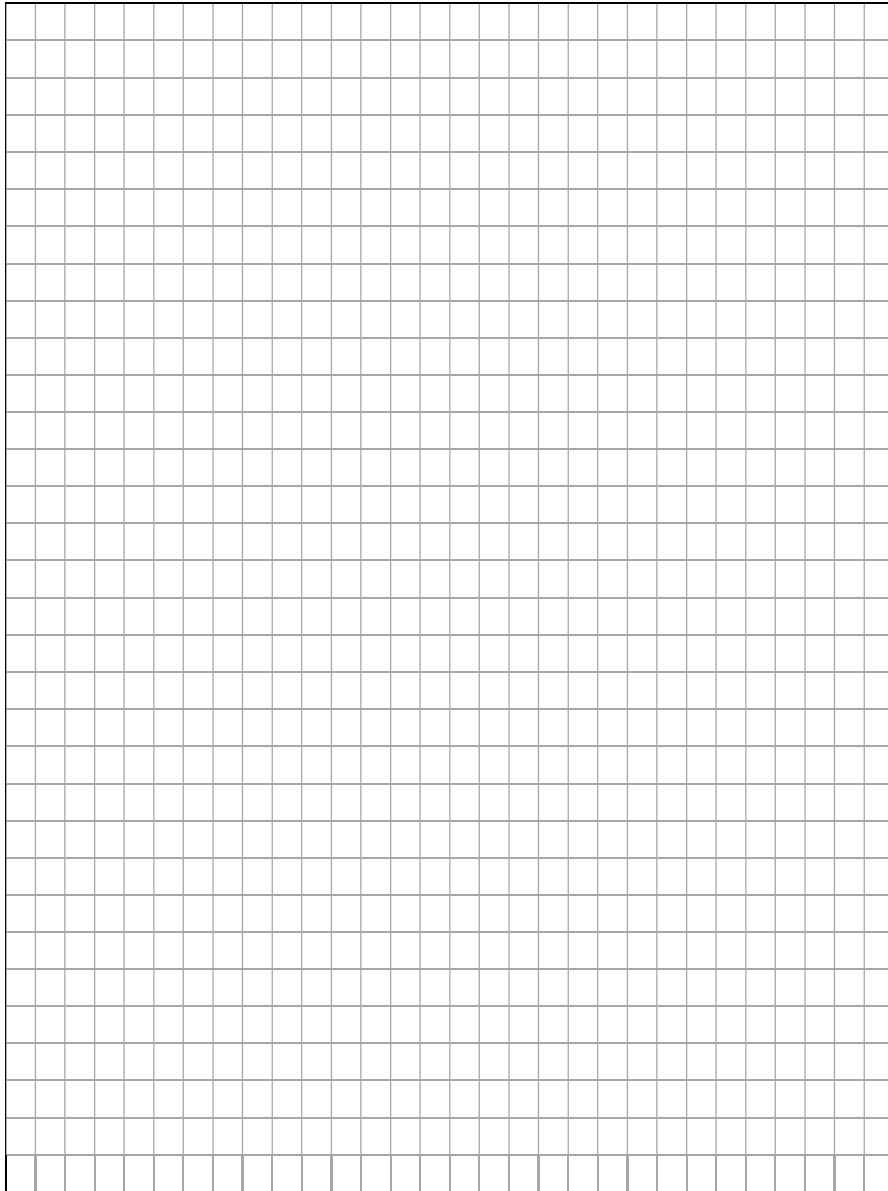
1. Complete following table of parameters or submit design software printout

Discharge Assembly Size (inches)	
Transport Length Before Valve (feet)	
Transport Line Size (inches)	
Transport Pipe Class/Schedule	
Max Elevation Lift/Static Head (feet)	
Manifold Length (feet)	
Manifold Line Diameter (inches)	
Number of Laterals per cell	
Lateral Length (feet)	
Lateral Line Size (inches)	
Orifice Size (inches)	
Orifice Spacing (feet)	
Residual Head at Last Orifice (feet)	
Total Number of Orifices	
Doses per Day	
Dose Volume	

ON-SITE SEWAGE SYSTEM DESIGN – System Type: _____

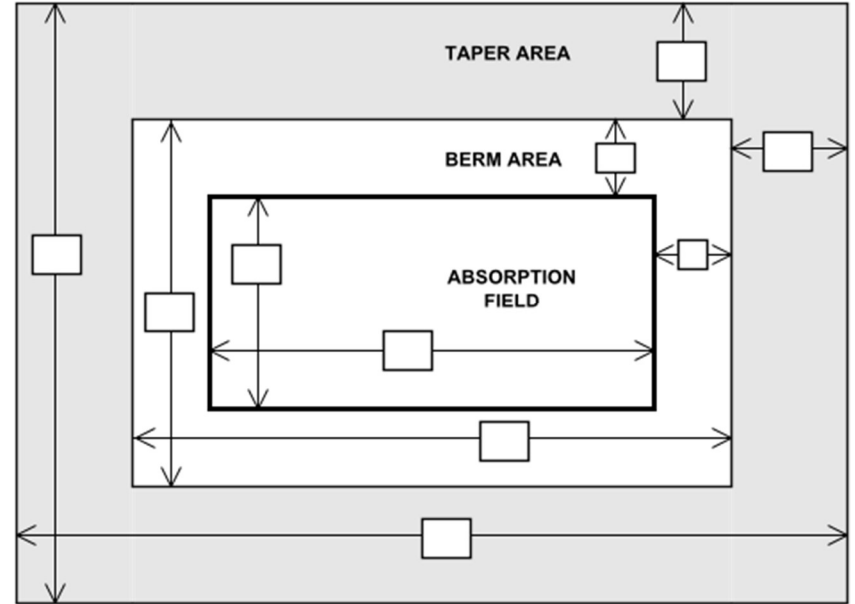
Property Owner: _____ Tax ID: _____

DETAILED SITE LAYOUT

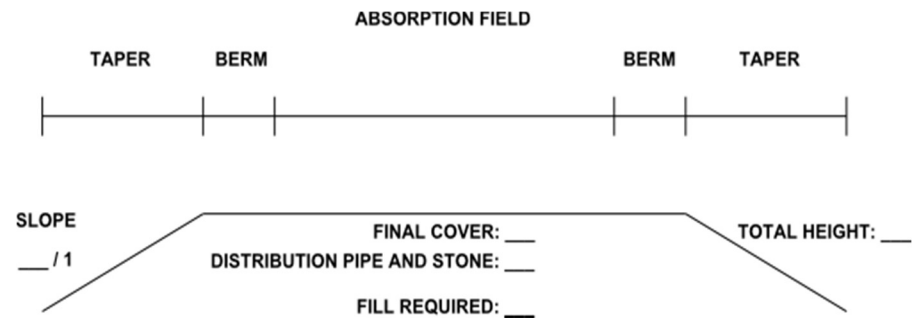


*Include benchmarks, site buildings, isolation distances, etc. in drawing

AERIAL VIEW



CROSS-SECTION



OFFICE USE ONLY

Y N

Design Specifications reviewed and meet criteria set forth in Technical Manual

Sanitarian Signature _____

Date _____



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Alger County • E9526 Prospect Street, Munising, MI 49862 • (906) 387-2297 • Fax (906) 387-2224
Schoolcraft County • 300 Walnut St., Room 155, Manistique, MI 49854 • (906) 341-6951 • Fax (906) 341-5230

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Existing Facility Evaluation Application for Residential Sewage Disposal and Water Supply Systems

A properly sited, designed, and installed on-site sewage treatment and disposal system (OSTDS) and water supply is critical to protect public health and groundwater resources. An existing facility evaluation assesses the OSTDS and/or water supply to determine if the system(s) was/were installed according to construction standards and functioning properly.

Section 3-1.1 of the Upper Peninsula Environmental Health Code states “No person shall connect any habitable structure to an existing OSTDS except where allowed, in writing, by the Department. Sewage flow to an existing OSTDS shall not be increased beyond the original design capacity of the existing system except where permitted in writing by the Department”. Property owners that intend to increase use of on-site infrastructure may need an evaluation to ensure the OSTDS and water supply will meet proposed demand.

The following steps shall be followed to execute an existing facility evaluation:

1. Applicant submits a completed application with corresponding fees for service(s) requested.
2. Environmental Health Staff conducts a file review to access information about the property, including compliance history, permits issued, inspections conducted, and documents such as well logs and pump records.
3. If Environmental Health Staff determine that an on-site evaluation is required, applicant and Environmental Health Staff shall coordinate a date and time to conduct on-site system or site & soil evaluation.
4. Following the evaluation, Environmental Health Staff will provide a recommendation for use of the OSTDS and/or water supply. A copy of the decision will be forwarded to the necessary parties.

Applicant must provide the following for an on-site evaluation:

Sewage Treatment System Evaluations

The applicant will be required to have the septic tank pumped during the evaluation for Environmental Health Staff to obtain necessary information regarding septic tank condition and construction. If the tank has been pumped within the last three years and required information is available, LMAS DHD will accept the information from the licensed septage hauler reported on forms provided by the department.

If a permit and/or final inspection is not available for the OSTDS, an evaluation of the system and/or soils around the OSTDS may be necessary.

- **System Evaluation**
 - Uncover the outlet hatch of septic tank and make available for inspection.
- **Site & Soil Evaluation**
 - Contact appropriate professionals (Miss Dig: 1-800-482-7171) to assure that underground utilities are located. Underground utilities must be flagged at least 2 days prior to the scheduled appointment.
 - Provide a soil excavation with a minimum dimension of 2ft x 2ft to a depth of 3ft below the bottom of the absorption system adjacent to the existing OSTDS so that Environmental Health Staff can conduct an evaluation of on-site soils.
 - Uncover the outlet hatch of septic tank, entire length of the header, and both corners of the footer of the drainfield so that exact location and square footage of drainfield can be determined.

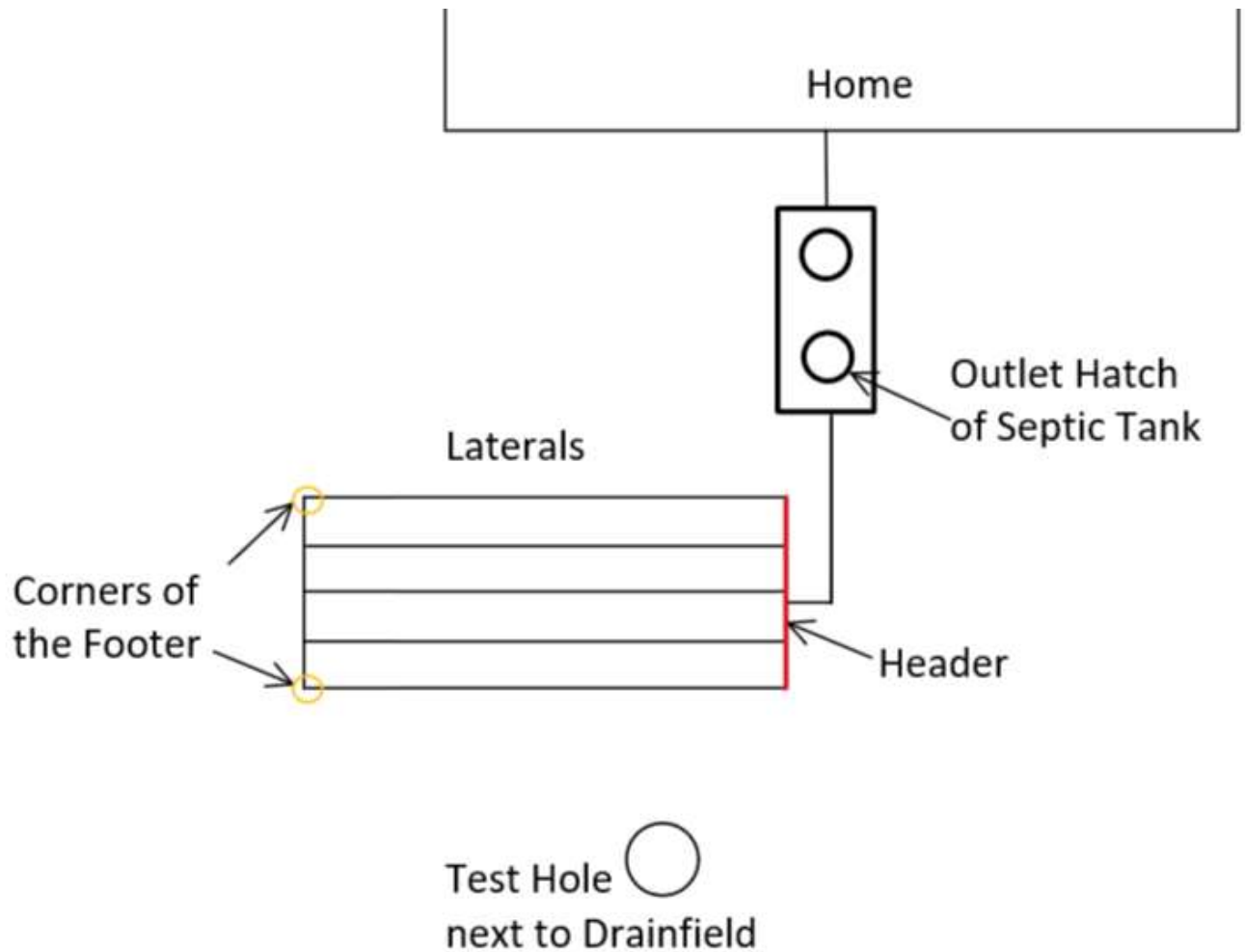
Water Supply System – Well Evaluations

The existing water supply system will be inspected for compliance with the Michigan Water Well Construction and Pump Installation Code, including evaluation of the location and construction of any pressure tanks. In addition, water samples will be collected for laboratory analysis of coliform bacteria and nitrates/nitrites.

**If you have any questions regarding these procedures,
please contact your local health department office at one of the numbers listed above.**

Site and Soil Evaluations

1. Provide a soil excavation with a minimum dimension of 2ft x 2ft to a depth of 3ft below the bottom of the absorption system adjacent to the existing OSTDS so that Environmental Health Staff can conduct an evaluation of on-site soils.
 - a. If system is a mound, dig test hole to a depth of 5ft below grade outside of berm and taper next to drainfield.
2. Uncover
 - a. Outlet hatch of septic tank
 - b. The entire length of the header
 - c. Both corners of the footer of the drainfield



Existing Facility Evaluation for Residential Sewage Disposal and Water Supply Systems

Complete and/or check ALL applicable sections

★ INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED ★

Office Use Only	
Amount Paid:	
Date:	
Cash/Check/CC:	
Receipt #:	

Evaluation for:

- Septic Only (\$185)
- Well Only (\$220)
- Both (\$405)

Purpose:

- Mortgage
- Building Permit
- Other: _____

- File Review
- System Evaluation
- Site & Soils Evaluation
- Site Ready: _____

Note: There is a \$26.00 additional charge, per request, for services requiring travel to an island.

Property Description:

Tax ID #: _____ - _____ - _____ - _____ - _____ T _____ N, R _____ E/W, Sec _____
 Township: _____ Parcel Size: Width _____ Length _____ Acres _____
 Subdivision: _____ Lot #: _____
 Property Address: _____

Detailed Driving Directions to Property:

Site Information:

of Bedrooms – Now: _____ Projected Number: _____ Maximum number of occupants in home: _____
 Garbage Grinder? No Yes, total ____ Grinder Pump? No Yes, location _____
 Water Supply: Municipal Well (provide copy of well log)

History

Original permit holder: _____ (provide copy, if available)
 Year Septic Was Installed: _____ Unknown Installed By: _____ Unknown
 Last Tank Pumped Date ____/____/____ Name of Pumper: _____ (provide copy, if available)
 Water Using Device Inventory: Full Bathroom # ____ ¾ Bathroom # ____ ½ Bathroom # ____
 Dishwasher Clothes Washer Water softener Other Treatment: _____
 Pool: Volume _____ Hot Tub/Jacuzzi: Volume _____ Oversized Bathtub: Volume _____

Contact Information:

Owner:	Buyer/Agent:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:
Email:	Email:

****COMPLETE SITE PLAN ON REVERSE****

Applicant (Owner Agent): _____ **Date:** _____

***If you are not the current owner of the property then you must have the owner complete attached Letter of Authorization**

Application Plot Plan

Property Tax ID: _____ - _____ - _____ - _____ T: _____ R: _____ Section: _____
Owners Name: _____
Property Size: _____ (Dimension or Acreage)

Complete site plan, at a minimum, plan must include the following along with distances between:

- | | | |
|--|---|--|
| <input type="checkbox"/> Property Dimensions | <input type="checkbox"/> All Structures with Dimensions | <input type="checkbox"/> Existing Well(s) (include neighbors*) |
| <input type="checkbox"/> Roads & Driveways | <input type="checkbox"/> Surface water (lakes, streams, rivers, pond) | <input type="checkbox"/> Easements & Utilities |
| <input type="checkbox"/> Fuel Storage | <input type="checkbox"/> Existing Septic System (include neighbors*) | |

*include neighboring information if proposed system(s) is within 75 ft. of neighboring system(s) – applicant’s responsibility to provide accurate information.

*****INCOMPLETE SITE PLANS WILL BE RETURNED*****

NORTH

NOT TO SCALE

Attached:

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Permit | <input type="checkbox"/> Final | <input type="checkbox"/> Previous Site Evaluation |
| <input type="checkbox"/> Pumping Record | <input type="checkbox"/> Well log | <input type="checkbox"/> Other: _____ |

Septic Tank Pumping Record

Homeowner: _____

Township: _____

Property Location: _____

- Reason for Pumping:**
- Routine
 - Required by Health Department
 - Slow drainage or sewage backing into home
 - Other _____

Conditions Noted Prior to Pumping:

- Large masses of paper, plastic, or other foreign material observed: Yes No
- Scum layer: Normal Limited Not present
- Liquid level at outlet: Above At Below
- Baffle: Good Condition Missing Damaged Other

Conditions Noted After Pumping:

- Tank Joint Exists? Yes No Location: _____
- Tank joint appears water tight: Yes No Uncertain

Other Observations (check all that apply):

- Cracked or deteriorated tank
- Damaged outlet or distribution component
- Backflow from outlet
- Blockage noticed at inlet/outlet (ex. Roots)
- Soggy or black soil in vicinity of tank
- Other (see comments)

Septic Tank (1): Size: _____ gallons

Material: Concrete Steel Fiberglass Plastic (poly) Other _____

Septic Tank (2): Size: _____ gallons N/A

Material: Concrete Steel Fiberglass Plastic (poly) Other _____

Outlet Baffle: Material: PVC/ABS Plastic Concrete Other _____ None

Style: Tee Elbow Cast in Place

Filter: Yes No If yes, condition _____

Advanced Treatment: Tank Pumped Yes No N/A

Comments:

Truck Operator: _____

Date of Pumping: _____

Firm Name: _____

Authorized Signature: _____

Date: _____

LETTER OF AUTHORIZATION

Property Identification:

T: _____ R: _____ E/W Section: _____ Township: _____
Property Tax ID#: _____ - _____ - _____ - _____ - _____
Property Address: _____
Subdivision: _____ Lot #: _____

Representative:

Company and/or Individual Name (please print)

Signature

Date

Address

City, State, Zip

Office Telephone

Fax

Cellular Telephone

Email

As a landowner or recorded easement holder of the property described above, I authorize the person indicated above to act on my behalf for the services requested of the LMAS District Health Department. I understand that I am responsible for all rules and regulations related to this project and understand that civil fines may be enforced against me in the event of any violation of that Code.

Landowner or Recorded Easement Holder:

Name (please print)

Signature

Date



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Application for Residential Sewage Disposal and Water Supply Systems

Application must be filled out completely and signed. Return completed application with appropriate fee(s). Submit Zoning approval with your permit application (if applicable). A permit will not be issued without the necessary approval from Zoning. Incomplete applications will NOT be processed and will be returned to the applicant. If a representative of the property owner is submitting the necessary paperwork then the owner must submit a letter of authorization (attached) to act on his/her behalf. Allow at least TWO (2) weeks for site evaluation and issuance of permit(s).

NOTE: IT IS THE RESPONSIBILITY OF THE APPLICANT OR HIS/HER REPRESENTATIVE TO SCHEDULE THE SITE VISIT AFTER SUBMISSION OF APPLICATION.

On-Site Sewage Treatment & Disposal System Requirements: *this includes site evaluation requests*

- Proposed system must be installed by an LMASDHD licensed septic installer or by property owner

Applicant must provide the following in order for a Sanitarian to evaluate site:

- Test Hole Requirements – you are required to provide a minimum of two (2) soil excavations with a **minimum dimension of 2ft X 2ft** to a depth of six ft (6') or until you encounter a limiting layer such as water, rock, or clay (whichever is less). Backhoe cuts are preferred. Augured holes are not acceptable.
 - One test hole must be located in the area of the proposed drainfield; and one test hole in an area designated as a future replacement area.
 - For Earth Pit Privy* proposals: provide one (1) eight ft (8') test hole at proposed location.
 - For Septic tank only or vault privy* requests – a test hole is not required but is recommended. A site visit is still required. See #2 and #3 below for preparing the site for inspection. For replacement septic tank – demonstration of field performance required. If no permit on record, a complete existing evaluation may be needed.

* Note: Privies shall not be allowed where not compliant with local zoning, State of Michigan construction codes, associated Technical bulletins, policies, and advisories. Privies are intended for remote sites with no available public electrical utilities or plumbing in a livable structure.
- Location – lot size must accommodate building plans and septic/well requirements.
 - All neighboring septic systems and wells must be clearly marked and visible at the time of the site inspection.
 - Systems shall NOT be located in a floodplain of less than one hundred (100) years, or in an area subject to seasonal flooding or ponding of surface waters. *It is the applicant's responsibility to ensure this by contacting the appropriate State agency.*
 - Do NOT locate a drainfield under buildings, parking lots, or roads.
 - Locate system(s) to be accessible for cleaning and inspection.
- Complete Application Plot Plan providing all required information.

Well Requirements:

- Well must be constructed by a registered well driller (State of MI) or by property owner at primary residence.
- Provide a detailed site plan that includes: location of the proposed well site, buildings – existing or proposed, roadways, driveways, easements, property lines, etc., all sources of contamination found (or proposed) within 200' of the well site – septic systems, sewer lines, animal feed lots, fuel or chemical storage tanks, etc.
 - The following steps must be taken prior to the site visit:**
 - A clearly marked stake must be provided at the proposed well site location.
 - The area of the septic tank and four corners of the drainfield (proposed or existing) must be clearly identified.
 - If known, identify all wells that are located on the property that are not in use (abandoned*).

* To protect the aquifer, all abandoned wells on the property must be plugged in accordance with state regulations.

- Pressurized water shall not be plumbed to a building without an approved connection to a septic system, or available sewer. If applicant still wishes to obtain a permit then pump type required will be an approved hand-pump with final inspection to verify installation.

Geothermal Requirements:

- Vertical CLOSED loop: Applicant shall include a site diagram, the number of proposed boreholes, and proposed heat transfer fluids to be used. One permit is required for a single and two-family residence. One permit is required per twenty-five (25) boreholes on a commercial site or system. A permit application must be submitted fourteen (14) days min. prior to installation.
- Vertical OPEN loop: All open loop wells are regulated under Part 127, require a water well permit and shall be constructed by a licensed well driller. Wells that are part of a groundwater thermal exchange system may not serve another function, except water may be supplied to the domestic water system if the domestic water system is protected by an air gap or backflow prevention device in accordance with Michigan’s Plumbing Code.

Isolation Distances:

From / To	Sewer Lines	Septic Tanks	Absorption System	Earth Pit Privies	Vaulted Privies
Residential Well	10	50	50	50	50
Non Community Well (Type IIB, Type III)	10	75	75	75	75
Community/Public Well (Type IIA, I)	10	200	200	200	200
Property Lines	-	10	10	10	10
Foundation Wall/ Footing Drains	-	5	10	10	5
Storm / Subsoil Drains	-	5	25	25	5
Water Lines	-	10	10	10	10
Embankments	-	10	20	20	10
Surface Water	-	75	75	75	75

Outcome: A written soil/site evaluation report will be provided or a construction permit will be issued to the applicant following the site evaluation. The soil/site evaluation will remain valid for two (2) years from the date of evaluation as long as there are no changes to the submitted site plan; a permit will remain valid for two (2) years from the date of issuance. If construction is not commenced within that time frame, a permit extension may be applied for in writing by identifying the project and permit number. The extension must be requested within 30 days of the permit expiration date. An extension will NOT be granted if requested beyond the 30-day grace period.

Note: **Permits are NON-TRANSFERABLE between property owners.**

Refund Policy: There will be no refunds for permits and/or Environmental Health Services when fieldwork has been conducted by staff. Refunds will be approved less \$25.00 when no action has taken place by this department. All refund requests must be submitted on Department approved form.

A site and soils evaluation shall not occur when snow cover, frost, and/or other impeding condition prohibits an adequate evaluation of a parcel of land to determine suitability within the code, rules, policies, etc regulated by this department.

- For complete criteria consult *The Upper Peninsula Environmental Health Code.*
- For complete rules and regulations regarding the water supply consult the *Michigan Water Well Construction and Pump Installation Code and/or the Michigan Safe Drinking Water Act.*

**APPLICATION TO CONSTRUCT RESIDENTIAL
SEWAGE DISPOSAL and/or WATER SUPPLY SYSTEM(S)**

Complete and/or check ALL applicable sections

★ INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED ★

FOR OFFICE USE ONLY	
Fee Paid:	
Date:	
Cash/Check/CC:	
Receipt #:	

SERVICE(S) REQUESTED: *Note: There is a \$26.00 additional charge, per request, for services requiring travel to an island.*

- SITE EVALUATION ONLY** (\$182)
- ON-SITE SEWAGE DISPOSAL SYSTEM** (fees include site eval): *New* *Repair/Replacement* **(Complete Onsite Sewage Replacement Form)** *Additional*
Type of system will be determined at site evaluation. Permit will not be issued until full payment of permit is received.
- Conventional – No Fill (\$348) Pump to Gravity Mound (\$395)
 Gravity Mound (\$395) Pressure Distribution (\$395)
 Septic Tank (\$198) PRIVY (\$198) **circle type: Earth Vault**
 Advanced Treatment (\$650) **circle type: Aerobic Eljen AES**
- Residential **WATER SUPPLY** (\$315): *New* *Repair/Replacement* (old well must be abandoned) *Additional*
- Non-Potable use (\$315): *Irrigation* *Livestock* *Other:* _____
- Construction Method:** Drilled Driven **Pump Type:** Submersible Jet Hand Pump
- GEOTHERMAL** (\$280)

PROPERTY IDENTIFICATION:

T: _____ N R: _____ E/W Section: _____ Township: _____

TAX ID #: _____ - _____ - _____ - _____ - _____

Subdivision/Site Condo: _____ Lot #: _____ Year Platted: _____

Parcel Size: _____ Width _____ Length _____ Acreage _____

If parcel is less than one acre, was the parcel created after 7/28/1997? Yes* No

*** STOP – compliance with EGLE land division required. Detailed development plan & site work shall be completed by any of the following: licensed professional engineer, professional surveyor, registered sanitarian, or knowledgeable professional experienced with land division. Submit all required information to LMAS with review fee of \$426. Land division rules can be viewed at www.michigan.gov/egle**

Fire Number: _____ Street/Road: _____ City: _____

Detailed Driving Directions to Property: _____

CHECK ONE:

Site ready for inspection

- See page 1 for instructions
- If this box is checked & San arrives to a site that is not ready, applicant will be charged an \$85 re-visit fee

Will call when site is ready

Date Called: _____

CONTACT INFORMATION:

Owner:	Buyer/Agent:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:
Email:	Email:

SITE INFORMATION: (Existing and/or Proposed)

Number of Bedrooms: _____ Maximum number of occupants: _____

Garbage Grinder? No Yes, total _____ Grinder Pump/Injection Pump? No Yes, location _____

Check any of the following that are currently located on the property:

- Septic System Well Elevated/Buried Storage Tanks Fuel (all kinds) Chemicals Other

****COMPLETE APPLICATION PLOT PLAN ON REVERSE****

I/We hereby certify that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her agent. I/We understand that Health Department ruling does not prejudice or imply compliance with other applicable rules/regulations of other Local, State, or Federal agencies. I/We agree to conform to all applicable laws of this jurisdiction. I/We further certify that the physical location of the well and/or septic system as indicated on my/our proposed site plan on this application is within the lawful boundaries of the real property described in or attached to this application and I/we understand that any and all recommendations, opinions, orders, directions, or permits given or issued by the LMAS District Health Department with reference to this application are conditioned on said certified location.

APPLICANT (OWNER AGENT): _____ **DATE:** _____

***If you are not the current owner of the property then you must have the owner complete attached Letter of Authorization**

APPLICATION PLOT PLAN

Property Tax ID: _____ - _____ - _____ - _____ T: _____ R: _____ Section: _____

Owners Name: _____

Property Size: _____ (Dimension or Acreage)

AT A MINIMUM, PLAN MUST INCLUDE THE FOLLOWING ALONG WITH DISTANCES BETWEEN:

- | | | |
|---|--|---|
| <input type="checkbox"/> Property Dimensions | <input type="checkbox"/> All existing/proposed Structures with Dimensions | <input type="checkbox"/> Existing/Proposed Well(s) (include neighbors*) |
| <input type="checkbox"/> Roads & Driveways | <input type="checkbox"/> Surface water (lakes, streams, rivers, pond) | <input type="checkbox"/> Easements & Utilities |
| <input type="checkbox"/> Elevation of 100-Year Floodplain _____, and identify location in drawing | | |
| <input type="checkbox"/> Fuel Storage | <input type="checkbox"/> Existing/Proposed Septic System (include neighbors *) | <input type="checkbox"/> Proposed Septic System Replacement Area |

*Include neighboring information if proposed system(s) is within 75 ft. of neighboring system(s) – applicant’s responsibility to provide accurate information.

***** INCOMPLETE SITE PLANS WILL BE RETURNED *****

NORTH

NOT TO SCALE

Sewage System Installer:	Well Driller:	Pump Installer:
Address:	Address:	Address:
City, State, Zip:	City, State, Zip:	City, State, Zip:
Telephone/Fax:	Telephone/Fax:	Telephone/Fax:
Email:	Email:	Email:

**** If proposing the installation of a trench system or using chambers then it shall be indicated to the Sanitarian prior to permitting.**

LETTER OF AUTHORIZATION

Property Identification:

T: _____ R: _____ E/W Section: _____ Township: _____

Property Tax ID#: _____ - _____ - _____ - _____ - _____

Property Address: _____

Subdivision: _____ Lot #: _____

Representative:

Company and/or Individual Name (please print)

Signature

Date

Address

City, State, Zip

Office Telephone

Fax

Cellular Telephone

Email

As a landowner or recorded easement holder of the property described above, I authorize the person indicated above to act on my behalf for the services requested of the LMAS District Health Department. I understand that I am responsible for all rules and regulations related to this project and understand that civil fines may be enforced against me in the event of any violation of that Code.

Landowner or Recorded Easement Holder:

Name (please print)

Signature

Date

Please complete all sections that apply. By completing this questionnaire we are able to better understand how the system was maintained and how it functioned.

Signature: _____ Date: _____

Explain the conditions/symptoms that you are currently experiencing with your complete septic system: _____

History:

Year the system was installed: _____ Unknown Installed by: _____ Unknown

Maintenance:

Tank Pumping Frequency: Yearly 2-3 Yrs 4-5 Yrs 6-10 Yrs >10 Yrs Never Unknown

Last pump out date (approx.): _____; Company Name: _____

Service Frequency (if advanced treatment): <6 months 6 months to 1 year >1 year

Commercial Facility:

Estimated Flow: _____ gpd; Facility Use: _____

Residential Facility:

of Occupants: _____ # of Bedrooms: _____

Garbage Disposal: Yes No Used? Yes No Leaking Fixtures: Yes No Unknown

Average # of laundry loads: _____ per day _____ per week

Describe where the following currently discharge to. State N/A if not applicable.

- 1) Kitchen sink: _____ 5) Pool/Spa: _____
2) Laundry: _____ 6) Water treatment devices: _____
3) Bathroom sink(s): _____ 7) Roof run-off: _____
4) Sump: _____ 8) Footing Drain: _____

Products Used in the Home

Frequency

Table with 5 columns: Product Name, Sometimes, Always, Never, Other. Rows include Septic additive(s), Fabric Softener, Antibacterial Products, Bleach, Toilet bowl drop in, and Antibacterial Medications.

Agency Use Only

History:

Permit Y N Year: _____

Final Inspection: Y N Affidavit: Y N; if yes to either, attach copy to O&M report

System Age: 0-5 6-10 11-15 16-20 21-25 26-30 31-40 >40 Unknown

Existing System
 Failed System
Attach Copy of Site Eval.

Existing Design:

Septic Tank Type: single two compartment more than one tank no tank Construction Material: _____

Total Tank Capacity: <1000 1,000-1,500 1,500-2,000 2,000-3,000 >3,000 Unknown Attach Pump Report from Septage Hauler

Advanced Treatment: NA Type: _____ Manufacturer: _____

Pump Tank: Capacity _____ NA

Drainfield Design:

- Gravity Bed Gravity Trenches Gravity Mound
 Dosed Bed Dosed Trenches Dosed Mound
 Pressure Dosed Bed Pressure Dosed Trenches Pressure Dosed Mound
 Chambers Drywell(s) Unknown Other _____

Bed Size: _____ sq. ft. Unknown NA

Trench Size: _____ sq. ft. Unknown NA

Most Probable Causes of Failure:

- Septic Tank Failure Infrequent Tank Pumping Pipe Filled with Solids Damaged/Collapsed Piping System
 Hydraulic Overload System Undersized Root Intrusion Insufficient isolation from water table
 Installation Error Unsuitable Fill Dirty Stone Excess Cover
 Lack of Maintenance Soil Clogging Unable to Determine Other: _____

Comments: _____

Sanitarian Signature: _____ Date: _____