LMAS DISTRICT HEALTH DEPARTMENT

Environmental Health ▲ Personal & Family Health ▲ Emergency Preparedness

www.lmasdhd.org

Luce County & Administrative Office	Mackinac County	Alger County	Schoolcraft County
14150 Hamilton Lake Road	749 Hombach Street	E9526 Prospect Street	300 Walnut Street, Room 155
Newberry, MI 49868	St. Ignace, MI 49781	Munising, MI 49862	Manistique, MI 49854
Ph: (906) 293-5107	Ph: (906) 643-1100	Ph: (906) 387-2297	Ph: (906) 341-6951
Fax: (906) 293-5453	Fax: (906) 643-0239	Fax: (906) 387-2224	Fax: (906) 341-5230

Onsite Sewage Disposal System Construction Permit Application

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

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

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**
4. **Application fee: < 2000 gallons/day $458.00**
   > 2000 gallons/day $577.00

Important Notes:

1. Sewage volume determination, site condition requirements and minimum disposal system specifications are contained in "Michigan Guidelines for Subsurface Sewage Disposal", Michigan Department of Public Health, publication D-48, Rev. 6/89.

2. For systems exceeding 10,000 gallons/day, submit plans to Michigan Department of Environmental Quality (DEQ) for review and approval.

   For systems with flows of 2,000-10,000 gallons/day including systems with a sewage output less than 2,000 gallons/day, detailed construction plans, prepared by a Michigan registered professional engineer, are required. The requirement for submittal of plans may be waived at the discretion of the health officer for small systems with flows less than 1,000 gallons per day (provided the cost of such system is less than $15,000).

3. It is recommended that your consultant make a preliminary site evaluation before any extensive engineering design work commences. If the site is unsuitable, such identification will eliminate unnecessary costs for engineering planning and design. If you desire, this department can conduct a pre-preliminary site evaluation to help identify unsuitable building sites. There is a $182.00 site evaluation fee for this purpose and the applicant must provide backhoe cut(s) to a depth of 6' for soil evaluation. Note that site evaluations are generally conducted weather permitting (i.e., no snow on the ground), usually May through October.

Commercial Sewage System Application

Office Use Only

CLIENT ID #:_____

Fees Paid _____
Date _____
Check # _____
Receipt# _____

I. PROJECT IDENTIFICATION

1. Type: _____ vacant land _____ existing development
2. Establishment name _____
3. Business type (use) _____
4. Applicant _____
   Address _____
   Phone _____
5. Location:
   County _____
   T_____N, R_____W, Section _____
   Property Description number _____
6. Detailed directions to project site:

_____

_____

_____

_____

II. SITE REPORT

1. Lot/parcel: length _____, width _____, # of acres _____
2. 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.
3. Percent (%) slope of steepest grades on property _____ Is any cutting of 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).
4. Complete "SITE EVALUTATION" on next page

Site Evaluation

Property ID: ____ - ____ - ____ - ____ - ____ T ____ R ____ SEC. ____
Owners Name _____
Property Size: _____**(Dimension or Acreage)**

INCLUDE IN DRAWING:

Property Dimensions__

Well(s) ___

All Structures with Dimensions ___

Easements__

Roads___

Driveways___

Surface water (lakes, streams, rivers, pond)___

Existing Septic System (If applicable)___

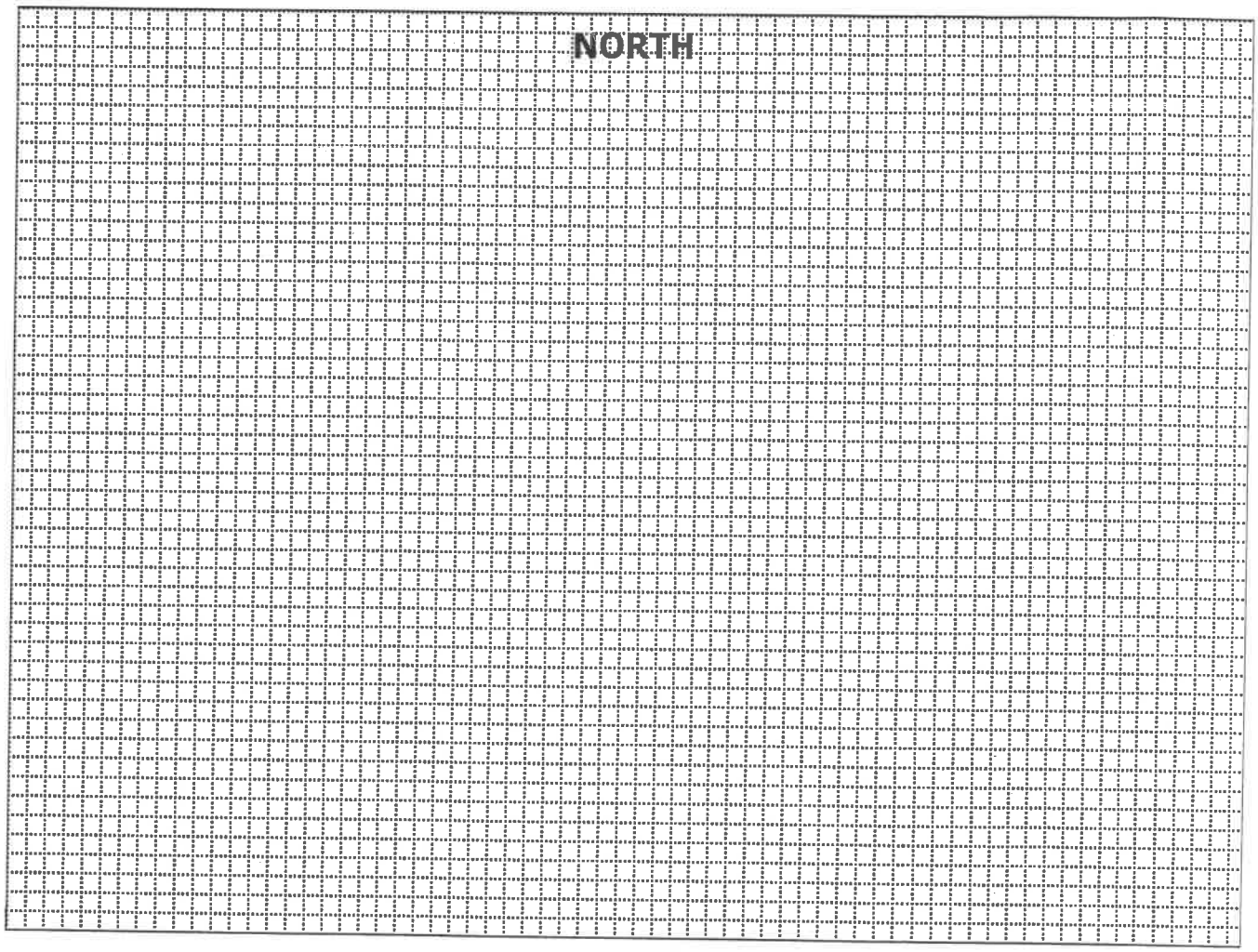
Fuel Tanks___

Utilities___

Distances between all of the above___

Test Hole Location(s) __

Replacement Area (RA) ___



Soils consistent across site: Y N

Replacement area available: Y N

Topography: ___ Slight ___ Moderate ___ Severe

Benchmark(s):_____

Existing well? Y N
To be Abandoned? Y N
Municipal Water? Y N

Excavation #1

GPS: X_____
Y_____

Depth to Bottom of Stratum	Thickness of Stratum	Soil Texture

Depth to Limiting Layer _____ft.
No Evidence of water table ☐

Excavation #2

GPS: X_____
Y_____

Depth to Bottom of Stratum	Thickness of Stratum	Soil Texture

Depth to Limiting Layer _____ft.
No Evidence of water table ☐

Excavation #3

GPS: X_____
Y_____

Depth to Bottom of Stratum	Thickness of Stratum	Soil Texture

Depth to Limiting Layer _____ft.
No Evidence of water table ☐

Comments: _____

_____

III. DESIGN DATA

1. Volume of flow (gallons/day) _____
2. Basis for flow determination _____
3. Loading rate _____ gal./sq. ft./day
4. Use: ____ year-round ____ seasonal (from_____ to _____)

IV. SEPTIC TANK

1. Number and size of tanks_____
2. Material construction _____
3. Effluent filter _____ yes _____ no

V. GREASE TRAP (REQUIRED AT FOOD SERVICE ESTABLISHMENTS)

1. Tank material _____
2. Tank size _____
3. # of tanks _____

VI. OTHER TREATMENT DEVICES (ATTACH SPECIFICATIONS)

VII. EFFLUENT DOSING

Note: Systems exceeding 2,000 gallons/day shall be dosed.

1. Dose volume = ____ sewage flow (gpd) / 4 doses per day = _____ gal./dose
2. Pump design: total dynamic head (TDH) = elevation head + friction head loss

a. elevation head:

	Elevation
drain tile	_____ ft.
pump	_____ ft.
total	_____ ft.

b. friction head loss:

fittings: ___ # elbows (size ____') X ____ ft./elbow (equivalent length of straight pipe) = ____ft.

pipe: ____ ft. pipe length (size ____") X ____ ft. friction loss/100' pipe = ____ ft.

friction head loss = ____ ft. (fittings equivalent length of straight pipe) + ____ ft. pipe = ____ ft.

Total dynamic head loss = ____ ft. elevation head + ____ ft. pipe = ____ft.

3. 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 _____
pump model _____
hp _____
f. 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?

VIII. DRAINFIELD

1. Type: bed ___ trench ___ other (list) _____
2. Amount of Fill _____ inches. Fill Type: _____
3. Linear feet of pipe_____
4. Pipe material _____
5. Pipe: diameter _____ in. volume _____ (gal./ft.)
   Note: total pipe volume must equal or exceed the dose volume
6. Effective seepage area _____ (square feet)
7. Pipe spacing _____ (feet on center)
8. Aggregate: size _____ ; depth_____ (inches)
9. Aggregate cover type – geotextile material required
10. Depth of earth cover _____ (inches)
11. Berm beyond the edge of stone _____ ft
12. Side slopes from berm edge _____ on _____

IX. CONSULTANT CERTIFICATION

1. Prepared by _____
2. Firm _____
3. Address _____
4. Phone _____
5. Registration number _____
6. _____ _____

   Signature Date

OFFICE USE ONLY

1. Application is approved _____, not approved _____
2. Comments _____

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3. _____ _____

   Sanitarian Date
4. Sewage disposal construction permit number _____

   Well construction permit number _____