



LMAS DISTRICT HEALTH DEPARTMENT

Environmental Health ■ Personal & Family Health ■ Emergency Preparedness

www.lmasdhd.org

**Luce County
& Administrative Office**
14150 Hamilton Lake Road
Newberry, MI 49868
Ph: (906) 293-5107
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300 Walnut Street, Room 155
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Existing Facility Evaluation Application for Commercial Sewage Disposal System

Sewage volume determinations, 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.

A properly sited, designed, and installed sewage treatment system (STS) along with a water supply is very important in protecting public health and groundwater resources. During the existing facility evaluation, the existing STS will be evaluated to determine if the system(s) was/were properly installed and functioning as designed.

1. Submit a completed application with appropriate fees (\$333.00)
2. If a permit is on file and the LMAS District Health Department conducted a final inspection of the installation:

An evaluation of the soils around the STS may be necessary. The applicant will be required to have the septic tank pumped during the evaluation in order for the staff person to obtain the necessary information regarding the septic tank construction and design. If the tank has been pumped within the last year and the required information is available, LMAS DHD will accept the information provided by the licensed septage hauler and reported to the department on forms provided.

3. If there is not a permit and/or final inspection present for the STS, the applicant will be required to:
 - a) Provide a test hole to a depth of 6 ft with a minimum dimension of 2 ft X 2 ft near the STS area to allow staff to conduct an evaluation of the soils,
 - b) Uncover the entire header of the drain field along with the corners of the footer,
 - c) Arrange to have the tank pumped during the evaluation. If the tank has been pumped within the last year and the required information is available, LMAS DHD will accept the information provided by the licensed septage hauler and reported to the department on forms provided.

Environmental Health Staff will contact the applicant to arrange an appointment to conduct the evaluation. Please 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.

4. Following the evaluation, the Sanitarian will approve or deny the request. A copy of the decision will be forwarded to the necessary parties.

***If you have any questions regarding these procedures,
please contact your local health department office.***

Existing Facility Evaluation Application for Commercial Sewage Disposal System

Office Use Only	
CLIENT ID #:	_____
Fees Paid	_____
Date	_____
Check #	_____
Receipt#	_____

Purpose For Request:

- Mortgage Food Service License
 Building Permit Other

Applicant Information:

Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone # () _____ - _____ Phone # () _____ - _____
Signature: _____ Date: ____/____/____

Property Identification:

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

Property Address:

Detailed directions to establishment:

Site Information:

Original permit holder _____ Year System Installed _____
Last pump out date ____/____/____ Name of Pumper _____
Previous Use of Building: _____
Proposed Use of Building: _____

If Food Service:

of proposed seats: _____ # of seat turnovers: _____

Is there an existing grease trap? _____

Water Supply: Municipal Well (provide copy of well log)

Water Using Device Inventory:

Complete inventory sheet on next page

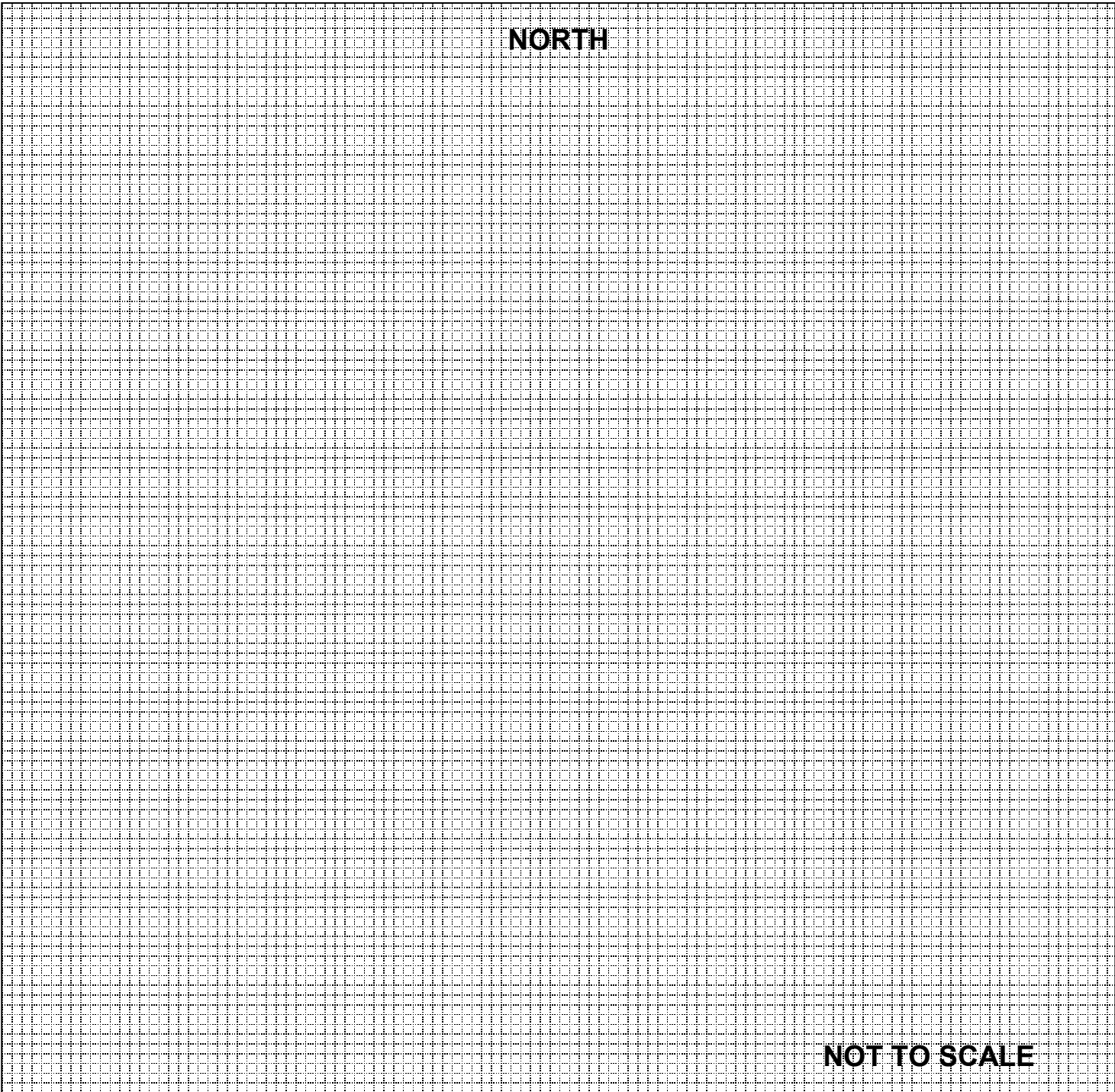
INSTRUCTIONS: List the number of fixtures for each fixture type on the premises.		
AREA	FIXTURE TYPE	LIST NUMBER OF FIXTURES
RESTROOMS	BATHTUB OR TUB/SHOWER	
	DRINKING FOUNTAIN	
	LAVATORY	
	SHOWER	
	TOILET - WITH WATER CLOSET	
	- WITH FLUSH VALVE	
	URINAL - WITH WATER CLOSET	
	- WITH FLUSH VALVE	
KITCHEN	AUTOMATIC DISHWASHER	
	COFFEE URN	
	GARBAGE DISPOSAL - DOMESTIC	
	- COMMERCIAL	
	GLASS FILLING UNIT	
	HOT CHOCOLATE DISPENSING UNIT	
	ICE CREAM DIPPERWELL	
	ICE MACHINE	
	KITCHEN SINK - SMALL	
	- LARGE	
	SOFT SERVE ICE CREAM	
	SPRAY RINSE - HAND OPERATED	
UTILITY SINK		
LAUNDRY	WASHING MACHINE - 1/2" CONNECTION	
	- 5/8" CONNECTION	
	- 3/4" CONNECTION	
	UTILITY SINK	
MISC	AIR CONDITIONER	
	AUTO/EQUIPMENT WASHING - HAND SPRAY TYPE	
	EVAPORATIVE COOLER	
	GROUND WATER HEAT PUMP	
	HOSE BIBB/YARD HYDRANT - 1/2" CONNECTION	
	- 5/8" CONNECTION	
	- 3/4" CONNECTION	
	LAWN SPRINKLER - PER SPRINKLER HEAD	
	WATER SOFTENER REGENERATION	
	OTHER - (LIST TYPE)	
OTHER - (LIST TYPE)		
OTHER - (LIST TYPE)		

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

- Property Dimensions
- All Structures with Dimensions
- Existing/Proposed Well(s) (include neighbors*)
- Roads & Driveways
- Surface water (lakes, streams, rivers, pond)
- Easements & Utilities
- Fuel Storage
- Existing/Proposed Septic System (include neighbors *)
- 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.

*****COMPLETE SITE PLAN*****



LETTER OF AUTHORIZATION

Property Identification:

T _____ R _____ E/W S _____ 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

As a landowner or recorded easement holder of the property described above, I authorize the person indication 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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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 NA

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 NA

Comments:

Truck Operator: _____ Date of Pumping: _____

Firm Name: _____

Authorized Signature: _____ Date: _____

