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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. *Note: Privies shall not be allowed where not compliant with State of Michigan construction codes, associated Technical bulletins, policies, and advisories. Privies are intended for remote sites with no power or pressurized plumbing into a livable structure.*
  - 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 – it must be demonstrated that there is a drainfield and that it is currently functioning as intended.
- 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
- 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** (\$182)
- ON-SITE SEWAGE DISPOSAL SYSTEM:**  *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**
- WATER SUPPLY** (\$315):  *New*     *Repair/Replacement* (old well must be abandoned)     *Additional*
- Construction Method:     Drilled     Driven  
Pump Type:     Submersible     Jet     Hand Pump
- GEOTHERMAL VERTICAL CLOSED LOOPS** (\$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

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:**

<b>Owner:</b>	<b>Buyer/Agent:</b>
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?  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 <b>with</b> 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

<b>Sewage System Installer:</b>	<b>Well Driller:</b>	<b>Pump Installer:</b>
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, Antibacterial Medications.

\*\*Agency Use Only\*\*

History:

Existing System
 Failed System
Attach Copy of Site Eval.

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 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: \_\_\_\_\_