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

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

Section 5.9 of the LMAS Superior Environmental Health Code states “No person shall connect a dwelling to an existing sewage system except where allowed, in writing, by the health officer. Nor shall any person increase sewage flow to an existing sewage system by greater than one bedroom or one hundred fifty gallons per day except where allowed, in writing, by the health officer.” Property owners that intend to increase use of on-site infrastructure may need an evaluation to ensure the STS 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. Applicant and Environmental Health Staff coordinate a date and time to conduct the evaluation.
3. Environmental Health Staff conducts a file review to access information about the property, including compliance history, permits issued and inspections conducted, and documents such as well logs and pump records.
4. Sewage Treatment System

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 year 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 Sewage Treatment System, an evaluation of the soils around the Sewage Treatment System may be necessary. In such a case, the applicant will be required to:

- a) 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.
- b) Provide a 2 foot wide X 2 foot long test hole to a depth of 6 feet adjacent to the existing Sewage Treatment System so that Environmental Health Staff can conduct an evaluation of on-site soils.
- c) Uncover the entire length of the header and both corners of the footer of the drain field so that exact location and square footage of drain field can be determined.

5. Water Supply – Well

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 water well and pump records are not available for the water supply, the system will not be approved for use by the Department.

6. Following the evaluation, Environmental Health Staff will provide a recommendation for use of the STS and/or water supply. 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 at one of the numbers listed above.**

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

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

Evaluation for:

- ☐ Septic Only
☐ Well Only
☐ Both

Fees

\$185.00
\$220.00
\$405.00

Purpose:

- ☐ Mortgage
☐ Building Permit
☐ Other

Property Description:

Tax ID #: - - - -

T N, R E/W, Sec

Township: _____

Parcel Size: Width Length Acres

Subdivision: _____

Lot #: _____

Property Address: _____

Driving Directions: _____

Site Information:

Original permit holder: _____ (provide copy, if available)

Year Septic Was Installed: # of Bedrooms – Now: Projected Number:

Last Tank Pumped Date ____/____/____ Name of Pumper: _____

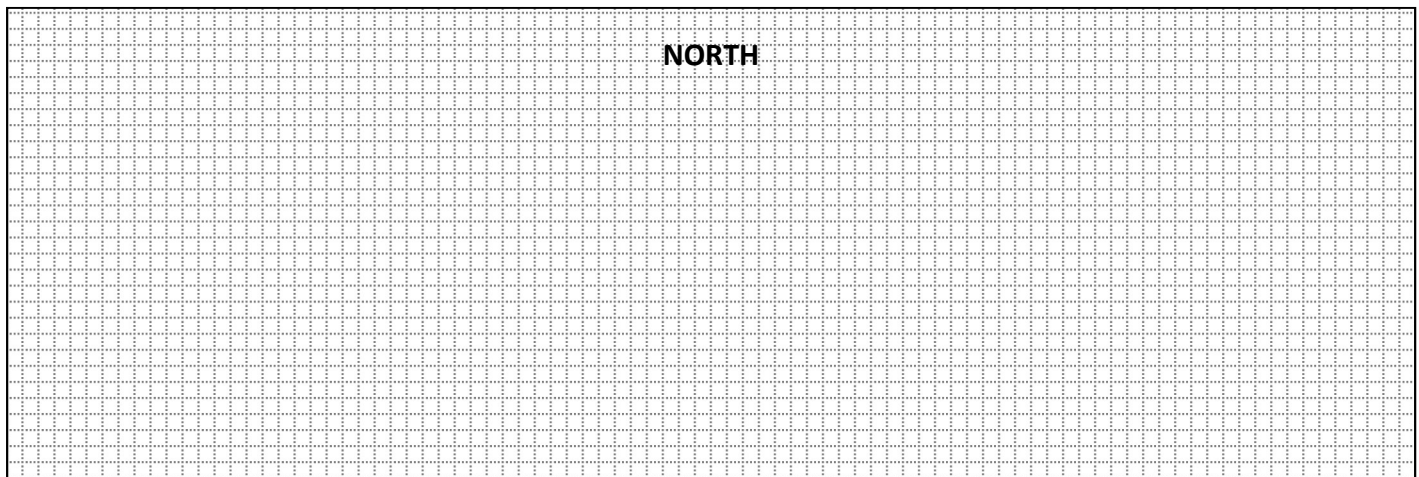
Water Supply: ☐ Municipal ☐ Well (provide copy of well log)**Water Using Device Inventory:**

- ☐ Full Bathroom ☐ ¾ Bathroom ☐ ½ Bathroom
☐ Dishwasher ☐ garbage grinder ☐ Clothes Washer ☐ Water softener

☐ Other Treatment: _____☐ Pool: Volume ☐ Hot Tub/Jacuzzi: Volume ☐ Oversized Bathtub: Volume**Complete site plan**, at a minimum, plan must include the following along with distances between:

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

NORTH 

Applicant Information:

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Cell Phone #: _____ Email: _____

Signature: _____

Date: _____

*****AGENCY USE ONLY*****

Septic System:

Permit ☐ Y ☐ N Year _____
Final ☐ Y ☐ N
Affidavit ☐ Y ☐ N

Water Supply:

Permit ☐ Y ☐ N Year _____
Final ☐ Y ☐ N
Affidavit ☐ Y ☐ N

Water Supply:

Water Analysis:

Date:

Results:

Coliform

____/____/____

Nitrates/Nitrites

____/____/____

Other: _____

____/____/____

Note: These analyses are limited to specific bacteriological indicator organisms and the specific chemical(s) listed. Test results indicate neither the presence nor absence of any other environmental pollutants.

Comments:

Septic System: (attach site evaluation form)

Comments:

Recommendation:

Septic System

Water Supply

☐☐

Visible and inspected portions of the system(s) has/have been determined to conform to current standards and/or to the standards in place when the system was installed under the above noted site and use conditions.*

☐☐

Due to the above noted deficiencies, the indicated system(s) does/do not meet current standards or the standards in place when the system was installed. Correction of these deficiencies would provide conformance to the applicable standards. *

☐☐

The indicated system(s) does/do not conform to current standards or to the standards in place when the system was installed and is/are inadequate for its intended use. The system should be upgraded to meet current standards. *

Approval for Use: (purpose of building permit request only)

Septic System

☐ Yes

☐ No – see comments

Well Supply System

☐ Yes

☐ No – see comments

Note: Systems and conditions stated to be in compliance with current regulations were found to meet current construction standards or were stated to meet current construction standards by a licensed well driller or a certified septic tank or drain field installer. This review of the water supply and/or sewage disposal system(s) does not constitute a guarantee that the system(s) will give trouble free service. Water sampling, if applicable, found no evidence of contamination at the time of evaluation. The sewage disposal system is designed and intended to be only a temporary means of sewage disposal but proper design, construction and maintenance may assist in maximizing system useful function. The Department recommends pumping the septic tank every 3-5 years and that no "additives" are put into the system. Note that such loads as garbage disposals, water softening discharges and excessive water use are not recommended and will shorten system life. Since conditions may change with time and use, you are advised to have the system(s) evaluated regularly to determine their condition and function. The owner/tenant of this property has full responsibility for the future upkeep, maintenance, and repair of these systems. These items are not the responsibility of the LMAS District Health Department.

Sanitarian _____

Date: ____/____/____

*indicated following applicable standards:

LMAS District Health Department Superior Environmental Health Code
Michigan Public Health Code, Act 368, P.A. 1978
Groundwater Quality Control, Part 127 – Act 368 P.A. 1978

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