



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

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 Commercial 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. Submit a completed application with appropriate fees.
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. 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.
 - b. Provide a 2 foot wide X 2 foot long test hole to a depth of 6 feet adjacent to the existing STS 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.
 - d. 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 at one of the numbers listed above.

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

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

Evaluation for:

- Septic Only \$350.00
- Well Only \$240.00
- Both \$590.00

Fees
Purpose:

- Mortgage
- Building Permit
- Food Service Establishment
- Other _____

Applicant Information:

Name: _____

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

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

Signature: _____ Date: _____

Property Description:

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

T _____ N, R _____ E/W, Sec _____

Township: _____

Parcel Size: Width _____ Length _____ Acres _____

Subdivision: _____

Lot #: _____

Establishment Name: _____

Property Address: _____

Detailed Driving Directions: _____

Site Information:

Original permit holder: _____ Year Septic Was Installed: _____

Last Tank Pumped 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? Yes No

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
 Roads & Driveways
 Fuel Storage

All Structures with Dimensions
 Surface water (lakes, streams, rivers, pond)
 Existing/Proposed Septic System (include neighbors *)

Existing/Proposed Well(s) (include neighbors*)
 Easements & Utilities
 Proposed Septic System Replacement Area

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

*****Complete Site Plan*****

NORTH

NOT TO SCALE

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 Phone

Fax

Cell Phone

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

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 SYSTEM: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:

SEWAGE DISPOSAL SYSTEM: (attach site evaluation form)**Comments:**

Recommendation:**Septic Disposal Water Supply**

<input type="checkbox"/>	<input type="checkbox"/>	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.*
<input type="checkbox"/>	<input type="checkbox"/>	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. *
<input type="checkbox"/>	<input type="checkbox"/>	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 Disposal 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

Michigan Guidelines for Subsurface Sewage Disposal, Michigan Department of Public Health, publication D-48, Rev. 6/89.

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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Scum layer:	<input type="checkbox"/> Normal	<input type="checkbox"/> Limited	<input type="checkbox"/> Not present	
Liquid level at outlet:	<input type="checkbox"/> Above	<input type="checkbox"/> At	<input type="checkbox"/> Below	
Baffle:	<input type="checkbox"/> Good Condition	<input type="checkbox"/> Missing	<input type="checkbox"/> Damaged	<input type="checkbox"/> 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: _____