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

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

Section 3-1.1 of the Upper Peninsula Environmental Health Code states “No person shall connect any habitable structure to an existing OSTDS except where allowed, in writing, by the Department. Sewage flow to an existing OSTDS shall not be increased beyond the original design capacity of the existing system except where permitted in writing by the Department”. Property owners that intend to increase use of on-site infrastructure may need an evaluation to ensure the OSTDS 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. Environmental Health Staff conducts a file review to access information about the property, including compliance history, permits issued, inspections conducted, and documents such as well logs and pump records.
3. If Environmental Health Staff determine that an on-site evaluation is required, applicant and Environmental Health Staff shall coordinate a date and time to conduct on-site system or site & soil evaluation.
4. Following the evaluation, Environmental Health Staff will provide a recommendation for use of the OSTDS and/or water supply. A copy of the decision will be forwarded to the necessary parties.

Applicant must provide the following for an on-site evaluation:

Sewage Treatment System Evaluations

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 three years 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 OSTDS, an evaluation of the system and/or soils around the OSTDS may be necessary.

- **System Evaluation**
 - Uncover the outlet hatch of septic tank and make available for inspection.
- **Site & Soil Evaluation**
 - 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.
 - Provide a soil excavation with a minimum dimension of 2ft x 2ft to a depth of 3ft below the bottom of the absorption system adjacent to the existing OSTDS so that Environmental Health Staff can conduct an evaluation of on-site soils.
 - Uncover the outlet hatch of septic tank, entire length of the header, and both corners of the footer of the drainfield so that exact location and square footage of drainfield can be determined.

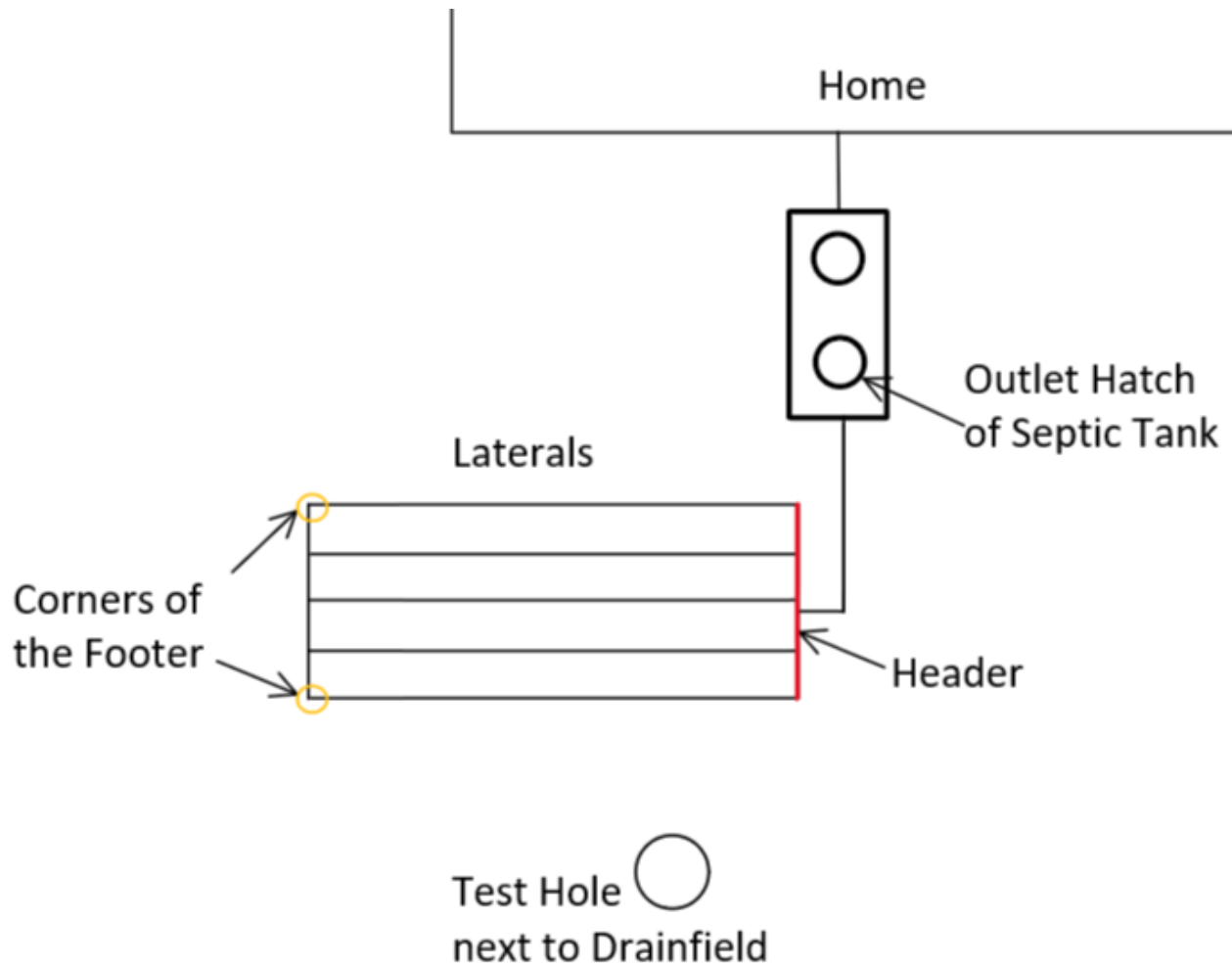
Water Supply System – Well Evaluations

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 you have any questions regarding these procedures,
please contact your local health department office at one of the numbers listed above.**

Site and Soil Evaluations

1. Provide a soil excavation with a minimum dimension of 2ft x 2ft to a depth of 3ft below the bottom of the absorption system adjacent to the existing OSTDS so that Environmental Health Staff can conduct an evaluation of on-site soils.
 - a. If system is a mound, dig test hole to a depth of 5ft below grade outside of berm and taper next to drainfield.
2. Uncover
 - a. Outlet hatch of septic tank
 - b. The entire length of the header
 - c. Both corners of the footer of the drainfield



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

Complete and/or check ALL applicable sections

★ INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED ★

Office Use Only

Amount Paid: _____

Date: _____

Cash/Check/CC: _____

Receipt #: _____

Evaluation for:

- ☐ Septic Only (\$240)
☐ Well Only (\$240)
☐ Both (\$480)

Purpose:

- ☐ Mortgage
☐ Building Permit
☐ Other: _____

- ☐ File Review
☐ System Evaluation
☐ Site & Soils Evaluation
Site Ready: _____

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

Property Description:

Tax ID #: _____ - _____ - _____ - _____

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

Township: _____

Parcel Size: Width _____ Length _____ Acres _____

Subdivision: _____

Lot #: _____

Property Address: _____

Detailed Driving Directions to Property:

Site Information:

of Bedrooms – Now: _____ Projected Number: _____ Maximum number of occupants in home: _____

Garbage Grinder? ☐ No ☐ Yes, total _____ Grinder Pump? ☐ No ☐ Yes, location _____

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

History

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

Year Septic Was Installed: _____ ☐ Unknown Installed By: _____ ☐ Unknown

Last Tank Pumped Date ____/____/____ Name of Pumper: _____ (provide copy, if available)

Water Using Device Inventory: ☐ Full Bathroom #____ ☐ ¾ Bathroom #____ ☐ ½ Bathroom #____
☐ Dishwasher ☐ Clothes Washer ☐ Water softener ☐ Other Treatment: _____
☐ Pool: Volume _____ ☐ Hot Tub/Jacuzzi: Volume _____ ☐ Oversized Bathtub: Volume _____

Contact Information:

Owner:	Buyer/Agent:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:
Email:	Email:

****COMPLETE SITE PLAN ON REVERSE****

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)

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.

INCOMPLETE SITE PLANS WILL BE RETURNED

NORTH

NOT TO SCALE

- Attached:
- ☐ Permit

☐ Final

☐ Previous Site Evaluation
- ☐ Pumping Record

☐ Well log

☐ Other: _____

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