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[WWW.LMASDHD.ORG](http://WWW.LMASDHD.ORG)

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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.
  - 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 – demonstration of field performance required. If no permit on record, a complete existing evaluation may be needed.

\* Note: Privies shall not be allowed where not compliant with local zoning, State of Michigan construction codes, associated Technical bulletins, policies, and advisories. Privies are intended for remote sites with no available public electrical utilities or plumbing in a livable structure.
- 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 at primary residence.
- 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
<b>Residential Well</b>	10	50	50	50	50
<b>Non Community Well (Type IIB, Type III)</b>	10	75	75	75	75
<b>Community/Public Well (Type IIA, I)</b>	10	200	200	200	200
<b>Property Lines</b>	-	10	10	10	10
<b>Foundation Wall/ Footings Drains</b>	-	5	10	10	5
<b>Storm / Subsoil Drains</b>	-	5	25	25	5
<b>Water Lines</b>	-	10	10	10	10
<b>Embankments</b>	-	10	20	20	10
<b>Surface Water</b>	-	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.

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***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 an additional charge, per request, for services requiring travel to an island.*

☐ **SITE EVALUATION** (\$200)

☐ **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.*

- |   |  |
|---|--|
| <input type="checkbox"/> Conventional – No Fill (\$350)                                   | <input type="checkbox"/> Pump to Gravity Mound (\$400)                 |
| <input type="checkbox"/> Gravity Mound (\$400)  | <input type="checkbox"/> Pressure Distribution (\$400)                 |
| <input type="checkbox"/> Septic Tank (\$200)  | <input type="checkbox"/> PRIVY (\$200) <b>circle type: Earth Vault</b> |
| <input type="checkbox"/> Advanced Treatment (\$700) <b>circle type: Aerobic Eljen AES</b> |  |

☐ Residential **WATER SUPPLY** (\$320): ☐ New ☐ Repair/Replacement (old well must be abandoned) ☐ Additional

☐ Non-Potable use (\$320): ☐ Irrigation ☐ Livestock ☐ Other: \_\_\_\_\_

**Construction Method:** ☐ Drilled ☐ Driven **Pump Type:** ☐ Submersible ☐ Jet ☐ Hand Pump

☐ **GEOTHERMAL** (\$285)

**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

**\* STOP – compliance with EGLE land division required. Detailed development plan & site work shall be completed by any of the following: licensed professional engineer, professional surveyor, registered sanitarian, or knowledgeable professional experienced with land division. Submit all required information to LMAS with review fee of \$426. Land division rules can be viewed at [www.michigan.gov/egle](http://www.michigan.gov/egle)**

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:**

Owner:	Buyer/Agent:
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/Injection 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**

Sewage System Installer:	Well Driller:	Pump Installer:
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:

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**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**

Septic additive(s)	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always	<input type="checkbox"/> Never	<input type="checkbox"/> Other _____
Fabric Softener	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always	<input type="checkbox"/> Never	<input type="checkbox"/> Other _____
Antibacterial Products	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always	<input type="checkbox"/> Never	<input type="checkbox"/> Other _____
Bleach	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always	<input type="checkbox"/> Never	<input type="checkbox"/> Other _____
Toilet bowl drop in	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always	<input type="checkbox"/> Never	<input type="checkbox"/> Other _____
Antibacterial Medications	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always	<input type="checkbox"/> Never	<input type="checkbox"/> Other _____

**\*\*Agency Use Only \*\*****History:**

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 System

☐ Failed System

Attach Copy of Site Eval.

**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:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Gravity Bed        | <input type="checkbox"/> Gravity Trenches        | <input type="checkbox"/> Gravity Mound                                |
| <input type="checkbox"/> Dosed Bed          | <input type="checkbox"/> Dosed Trenches          | <input type="checkbox"/> Dosed Mound                                  |
| <input type="checkbox"/> Pressure Dosed Bed | <input type="checkbox"/> Pressure Dosed Trenches | <input type="checkbox"/> Pressure Dosed Mound                         |
| <input type="checkbox"/> Chambers           | <input type="checkbox"/> Drywell(s)              | <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____ |

Bed Size: \_\_\_\_\_ sq. ft. ☐ Unknown ☐ NA

Trench Size: \_\_\_\_\_ sq. ft. ☐ Unknown ☐ NA

**Most Probable Causes of Failure:**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Septic Tank Failure | <input type="checkbox"/> Infrequent Tank Pumping | <input type="checkbox"/> Pipe Filled with Solids | <input type="checkbox"/> Damaged/Collapsed Piping System         |
| <input type="checkbox"/> Hydraulic Overload  | <input type="checkbox"/> System Undersized       | <input type="checkbox"/> Root Intrusion          | <input type="checkbox"/> Insufficient isolation from water table |
| <input type="checkbox"/> Installation Error  | <input type="checkbox"/> Unsuitable Fill         | <input type="checkbox"/> Dirty Stone             | <input type="checkbox"/> Excess Cover                            |
| <input type="checkbox"/> Lack of Maintenance | <input type="checkbox"/> Soil Clogging           | <input type="checkbox"/> Unable to Determine     | <input type="checkbox"/> Other: _____                            |

Comments: \_\_\_\_\_

Sanitarian Signature: \_\_\_\_\_

Date: \_\_\_\_\_