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Existing Facility Evaluation Application for Commercial 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 at any time 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 or if there is any question as to the accuracy of the available records, 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

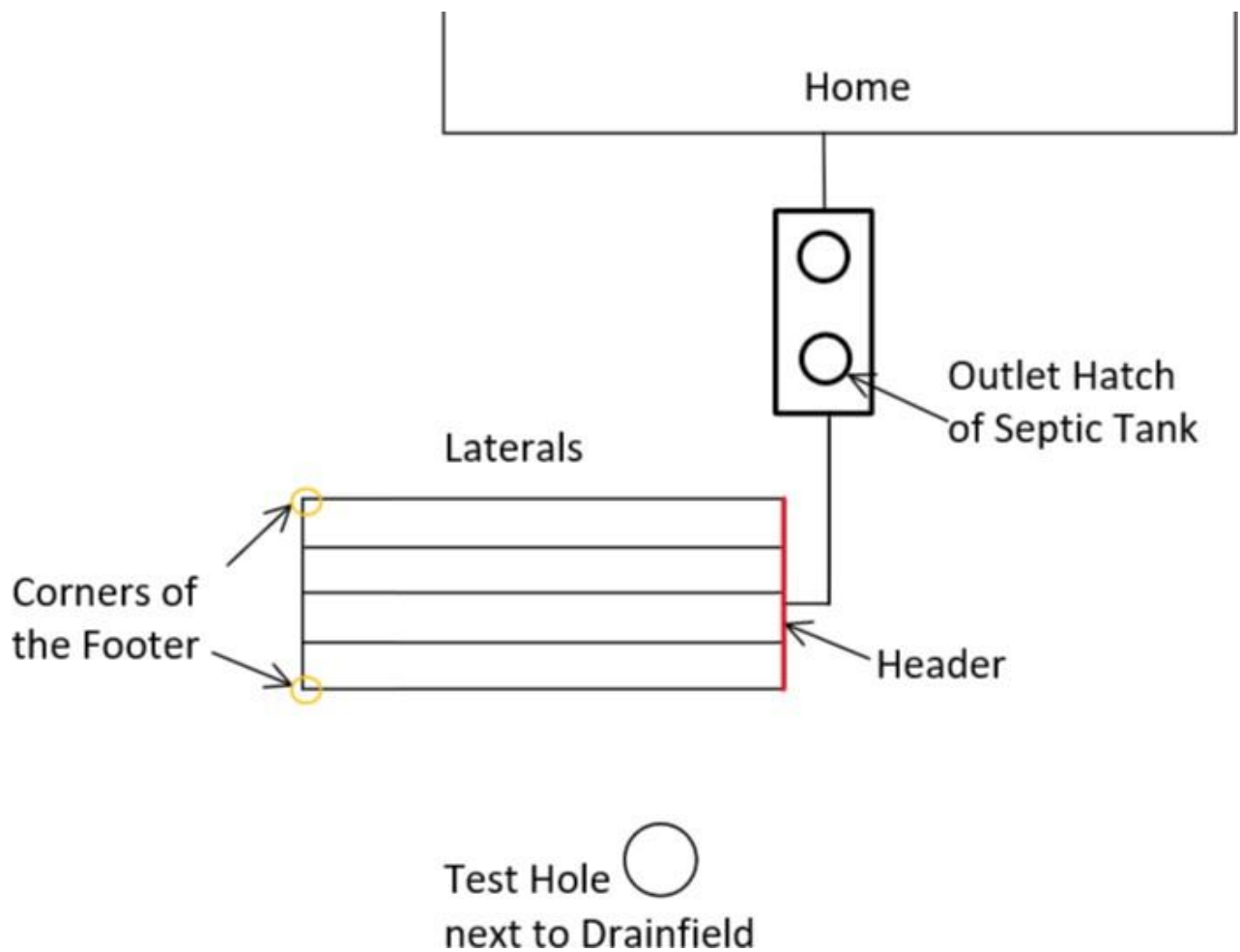
The existing water supply system will be inspected for compliance with the Michigan Water Well Construction and Pump Installation Code, including evaluation of the location and construction of any pressure tanks. In addition, water samples will be collected for laboratory analysis of coliform bacteria and nitrates/nitrites. Note: LMAS is not able to approve any water supply well that does NOT have a construction log and pump record available. Well must be evaluated by a licensed well driller to provide a well log and pump record.

****Commercial systems must comply with Michigan’s Safe Drinking Water Act – Additional information (e.g. water samples) may be required for evaluation.**

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. Backhoe cuts are preferred.
 - a. If system is a mound, provide a 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 and Commercial Sewage Disposal and Water Supply Systems**
Complete and/or check ALL applicable sections

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

★ INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED ★

Evaluation for:

- Commercial Septic Only (\$350)
 Commercial Well Only (\$240)
 Commercial Both (\$590)

Purpose:

- Mortgage
 Building Permit
 Food Service Establishment
 Other: _____

Note: There is a \$26.00 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:

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

****Complete Estimated Sewage Quantities/Fixture Count****

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: ****Complete Estimated Sewage Quantities/Fixture Count****

Or provide one year's worth of metered data, if available

Establishment Name: _____

Previous Use of Building: _____ Proposed Use of Building: _____

Contact Information:

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

****Complete Application Plot Plan on Reverse Page****

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

Complete site plan, at a minimum, plan must include the following along with distances between:

- | | | |
|--|---|--|
| <input type="checkbox"/> Property Dimensions | <input type="checkbox"/> All Structures with Dimensions | <input type="checkbox"/> Existing 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"/> Fuel Storage | <input type="checkbox"/> 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:

Septic: Permit Final Inspection Previous Site Evaluation Pumping Record

Well: Permit Final Inspection Well log Water Usage History

Other: _____

Estimated Sewage Quantities / Fixture Count For Commercial (Non-Residential) Operations

This information is necessary to ensure the system is designed for the intended need and peak use. Please fill out as many of the items below as possible. Not everything will apply to your particular site.

Type of establishment or business: _____

Number of Employees: _____/Shift Students: _____ Patients: _____

Normal Business Hours: _____ Total Hours per day: _____ Seasonal dates: _____

Total number of work shifts: _____ Total # of Bedspaces: _____; Max. Occupancy: _____

Square Footage of Proposed Building: _____

Total seating capacity: _____ Proposed meal periods per day: _____

INDICATE TOTAL NUMBER PLANNED FOR EACH APPLICABLE ITEM BELOW:

Apartment Units..... _____
 Hotel/Motel Units _____
 Classrooms _____
 Campsites _____
 Hair Styling Salon/Barber Shop Chairs _____
 Vehicles served per day (service stations) _____
 Swimming Pools, Spa Pools, Whirlpools..... _____
 Hospital, Clinic bed spaces _____

INDICATE TOTAL NUMBER OF FIXTURES:

Garbage Disposal/Grinder Units..... _____
 Toilets/Water Closets..... _____
 Lavatories/Hand Sinks..... _____
 Automatic Washing Machines..... _____
 Bath Tubs/Shower Stalls..... _____
 Urinals _____
 Drinking Fountains _____
 High Pressure Washing Equipment _____

FOR FOOD SERVICE ESTABLISHMENTS ONLY
INDICATE TOTAL NUMBER OF FIXTURES:

Garbage Disposal/Grinder Units _____
 Toilets/Water Closets _____
 Lavatories/Hand Sinks..... _____
 Automatic Washing Machines..... _____
 Bath Tubs/Shower Stalls _____
 Urinals..... _____
 Ice Machines..... _____
 Fountain Pop Dispensers _____
 Ice Cream Machines Type _____
 Dipper Well _____
 Ice Bins..... _____

 Other: _____

Will this facility generate liquid waste from other than toilets, sinks, baths or Laundry? Yes ___ No ___
 If Yes, please explain: (Examples include: brew/wine making, fish waste, hazardous waste, etc.)

Furnace condensate: Yes ___ No ___
 Floor Drains: Yes ___ No ___
 Water Treatment Devices: Yes ___ No ___
 Grease Interception Devices: Yes ___ No ___

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