



LMAS DISTRICT HEALTH DEPARTMENT

Environmental Health ■ Personal & Family Health ■ Emergency Preparedness
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.

Conventional Septic System Requirements: (system must be installed by a licensed septic installer or by property owner, if permanent residence).

Applicant must provide the following in order for staff to evaluate site:

1. Test Hole Requirements – you are required to provide a minimum of TWO (2) soil excavations to a depth of SIX (6) feet with a **minimum dimension of 2ft X 2ft**. Backhoe cuts are preferred. Augured holes are not acceptable.
 - one test hole must be located in the area of the proposed drain- field; and one test hole in an area designated as a replacement area.
2. 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.
 - Do NOT locate a drain field under buildings, parking lots, or roads.
 - Locate system(s) to be accessible for cleaning and inspection.
3. Isolation Distances

From / To	Gravity Sewer Lines	Pressurized Sewer Lines	Sewage Pump Chamber	Septic Tanks	Absorption System	Earth Pit Privies	Vaulted Privies
Residential Well	10	50	50	50	50	100	50
Non Community Well (Type IIB, Type III)	10	75	75	75	75	100	75
Community Well Type IIA	10	200	200	200	200	200	200
Property Lines	--	--	--	10	10	10	10
Foundation Wall	--	--	--	5	10	20	5
Building/Storm/ Subsoil Drains	--	--	--	5	25	25	5
Water Lines	--	--	--	10	10	10	10
Embankments	--	--	--	10	20	25	10
Lakes or Streams	--	--	--	75	75	75	75

Well Requirements: (system must be installed by a registered well driller (State of MI) or by property owner)

1. 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 ft of the well site – septic systems, sewer lines, animal feed lots, fuel or chemical storage tanks, etc.
 2. **The following steps must be taken prior to the site visit:**
 - a. A clearly marked stake must be provided at the proposed well site location.
 - b. The area of the septic tank and four corners of the drain field (proposed or existing) must be clearly identified.
 - c. If known, identify all wells that are located on the property that are not in use (abandoned*).
- * All abandoned wells on the property must be plugged in accordance with state regulations. Ask for well plugging information if such wells are located on your property.

Outcome: A written soil boring 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 one (1) year from the date of evaluation; 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. **Permits are NON-TRANSFERABLE to property owners.**

Final Inspections Required:

Sewage System - Section 5.15 of the Superior Environmental Health Code states that: “Before any portion of the system has been covered and /or placed into operation, the installer **shall notify** the department. This notification **shall occur** at least one department working day prior to completion of the system. The department **shall inspect** the installation within three working days to determine if it is in compliance with the code. The department shall reserve the right to extend the notification period for weekends and legal holidays”.

Water Supply System - Prior to calling to request a final inspection complete the following:

- Submit satisfactory water samples (safe bacteriological and partial chemical). Included with permit.
- Submit “Water Well and Pump Record” (obtain from your Well Driller).
- Submit Pump Record (obtain from your Well Driller or Pump Installer).
- Submit “Abandoned Well Plugging Record” (if applicable)

- *Please note: Well finals are only conducted when there is no snow cover on the ground.*

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.

No site evaluation, or sewage disposal system installation shall occur between the dates of December 1 and March 31. The health officer may grant written permission on an individual basis during the restricted seasons if weather conditions are suitable. (Sections 5.6.2 & 5.7.3 LMAS Superior Environmental Health Code)

- *For complete criteria consult the LMAS Superior 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.*

CLIENT ID #: _____

Fees Paid _____

Date _____

Check # _____

Receipt# _____

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.

SERVICE (S) REQUESTED:

Note: There is a \$26.00 additional charge, per request, for services requiring travel to an island.

SITE EVALUATION ONLY (\$182) *fee applied toward the cost of permit, if permit request within 1 year of evaluation date*

ON-SITE SEWAGE DISPOSAL SYSTEM: *New* *Repair/Replacement* *Additional*
Type of system will be determined at site evaluation. Permit will not be issued until full payment of permit is received.

 COMPLETE SYSTEM: Conventional – No Fill (\$348) Gravity Mound (\$395) Advanced Treatment (\$650) **TANK ONLY** (\$198) Elevated Mound - Pump (\$395) Pressure Mound (\$395) **PRIVY** (\$198)

WATER SUPPLY (\$315): *New* *Repair/Replacement* (old well must be abandoned) *Additional*

Construction Method: Drilled DrivenPump Type: Submersible Jet Hand Pump **GEOTHERMAL VERTICAL LOOPS** (\$280)

IN A HURRY? Additional charges apply if requesting: **SAME DAY SERVICE** (\$75.00) **AFTER HOUR SERVICE** (\$75.00)

PROPERTY IDENTIFICATION:

T _____ N R _____ E/W Sec. _____ 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? _____ Y* _____ N

Fire Number _____ Street/Road _____ City _____ Zip _____

Detailed Directions to Property: _____

CONTACT INFORMATION:

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

SITE INFORMATION: (Existing and/or Proposed)

Number of Bedrooms _____ Garbage Grinder in use/proposed? _____ Yes _____ No

Check any of the following that are currently located on the property:

_____ Sewage Disposal System

_____ Water Supply (Well) System

_____ Elevated/Buried Storage Tanks:

_____ Fuel (all kinds)

_____ Chemicals _____ Other

****COMPLETE SITE 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:** _____

APPLICATION PLOT PLAN

Property Tax ID: ___ - ___ - ___ - ___ - ___ T ___ R ___ Sec. ___

Owners Name _____

Property Size: _____ (Dimension or Acreage)

AT A MINIMUM, PLAN MUST INCLUDE THE FOLLOWING ALONG WITH DISTANCES BETWEEN:

- Property Dimensions All Structures with Dimensions Existing/Proposed Well(s) (include neighbors*)
- Roads & Driveways Surface water (lakes, streams, rivers, pond) Easements & Utilities
- Elevation of 100-Year Floodplain _____
- Fuel Storage Existing/Proposed Septic System (include neighbors *) 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

CONTRACTOR INFORMATION:

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

LETTER OF AUTHORIZATION

Property Identification:

T ____ R _____ E/W S ____ 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

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