

HURON COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

1142 South Van Dyke, Bad Axe, MI 48413
989-269-9721

DIRECTIONS TO FOLLOW WHEN APPLYING FOR A SEWAGE DISPOSAL PERMIT AND/OR WATER SUPPLY PERMIT:

1. Complete the appropriate section(s) on the attached application. The application will not be processed until the fee is paid and the application is properly completed. Applications cannot be faxed.
2. Make sure the directions to the property are clear. Use distances from nearest crossroad, landmarks, neighbor's addresses, etc. to identify the location of the property.
3. The Property Identification Number from the property tax statement **MUST be provided before the application can be processed.** (This number is also available from the Tax Mapping Office in the County Building).
4. **Draw an accurate site plan with actual measurements on the application or attach a separate sheet. Follow the directions on the back of this form.** ▶▶ If this lot is less than one acre (43,560 sq. ft.) and it is not part of a legal subdivision, verification of the date it was created must be submitted. ◀◀
5. The application must be signed by the applicant and dated.
6. Allow a minimum of one (1) week for our department to respond to your application and send you the results.

PROCEDURES AFTER COMPLETION OF THE APPLICATION:

1. Return the following to the Health Department:
 - a. Properly completed application form with site plan. Feel free to keep a copy for your file.
 - b. The appropriate fee **MUST** be submitted with the application.

SEWAGE: NEW OR REPLACEMENT \$419.00		WELL: \$266.00
SEPTIC TANK ONLY \$248.00		

*****SEE FEE SCHEDULE FOR COMMERCIAL FEES*****

2. Notify the Health Department when two (2) test holes, necessary to do the soil evaluation, are ready.

Follow these steps in digging the two (2) test holes for a **sewage disposal system**:

- a. They should be approximately four (4) feet deep and 12 inches in diameter.
- b. Locate the two (2) holes at least 40 feet apart in the area of the proposed tile field.
- c. Holes may be dug with a post hole digger, auger, backhoe or similar device.
- d. It is recommended that test holes be covered (i.e. board, plastic, pail, etc.).
- e. Flags are to be placed at each hole and by the road to identify the location.

HELPFUL HINTS FOR PREPARING A SITE PLAN

1. In the space provided on the application or on a separate sheet of paper, draw an accurate dimensional site plan.
2. Include such features as: ✓garages, sheds, ✓neighboring wells within 100 ft., ✓sewage systems and replacement areas on the property; other neighboring sewage systems within 100 ft. ✓liquid fuel tanks, ✓driveways, ✓ditches, ✓easements, ✓lot lines, ✓swimming pools, ✓buried gas, water or electric lines, ✓rivers, lakes, ponds, areas of flooding, ✓subsurface drain tile, ✓any other significant details. _If applying for a water supply permit, include all sources of contamination such as sewage systems, liquid fuel tanks, kennels, footing drains, sewer lines, barnyards, etc.
3. Additional information which may be helpful to locate site and test holes (i.e. other structures on property; landmarks such as trees, signs, etc.).
4. Draw a site plan to scale.
(example: 1/4 inch = 10 ft.)

MINIMUM RESIDENTIAL REQUIREMENTS (partial list)

ISOLATION FROM	WELL	SEPTIC TANK	DISPOSAL FIELD
Groundwater Table	NA	NA	18"
Foundation or Basement	3'	5'	20'
Property Lines	NA	10'	10'
Drilled Well	NA	50'	50'
Surface Water, Lake, Stream	10'	50'	100'
Bank, Drop-off	NA	10'	50'
Drain or Ditch	10'	10'	25'
Water Supply Suction Line	NA	50'	50'
Water Supply Pressure Line	NA	10'	10'

EXAMPLE:

HURON COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
 1142 South Van Dyke, Bad Axe, MI 48413
 989-269-9721

Application for: **Sewage Permit** _____ **Water Supply Permit** _____ **Both** _____

Site Address: _____ Zip Code: _____

Township: _____ Section # _____

Location of Property: _____

Subdivision: _____ Lot # _____ Property ID # _____

Property Size: Road Frontage: _____ Depth: _____ Acres: _____

Commercial: ___<400 gpd ___400 to 2,000 gpd ___2,000 to 10,000 gpd

Owner's Name: _____ Ph #: _____ Work #: _____

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

Applicant's Name: _____ Ph #: _____ Work #: _____

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

Email Address: _____

Sewage Permit Applicants, Please Complete the Following:

1. Date Test Holes Ready: _____
2. New _____ Replacement _____
3. # of Bedrooms _____ # of Occupants _____
4. Garbage Disposal: Yes _____ No _____
5. Basement: Yes _____ No _____
6. Spa Tub: Yes _____ No _____
7. Licensed Child or Adult Care Home: Yes _____ No _____
8. Square Footage of Dwelling: _____
9. Name of Installer: _____
10. If water supply is existing, indicate type: _____

SITE PLAN

(see direction sheet)

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Water Supply Permit Applicants, Please Complete the Following:

1. New _____ Replacement _____
2. Drilled Well _____ Bored Crock _____ Hauled _____
3. Single Family Home: Yes _____ No _____
4. Existing Well Abandoned: Yes _____ No _____ N/A _____
5. Liquid Storage Tanks: Yes _____ No _____ # of gallons _____
 Gasoline/Diesel _____ Heating oil _____
6. Well Driller: _____
7. Pump Installer: _____

This is NOT a permit. Any installation prior to the issuance of a permit will result in a fee of three (3) times the basic permit fee. I hereby certify the above information is accurate and that payment of the non-refundable application fee does not guarantee the issuance of a permit. Enclosed is my remittance of \$ _____ (mail check or money order only).

Applicant's Signature

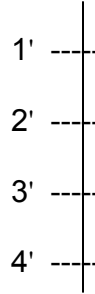
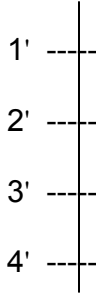
Date

Date Rec. _____ Receipt # _____ Amt. Rec. _____ Permit # _____ CMHC # _____

**THIS SIDE FOR HEATH DEPARTMENT USE ONLY
SITE EVALUATION WORKSHEET**

SEWAGE:

1. Soil Boring Results:



- 2. Seasonal High Water Table/Mottling at _____ inches.
- 3. Isolation Distances that are Applicable: _____
- 4. Topography/Slope: _____
- 5. Area Available for Initial and Replacement Systems: Yes _____ No _____
- 6. Proposed Development: _____
- 7. System Design: _____
- 8. Benchmark: Yes _____ No _____
- 9. Comments: _____

Sanitarian Date

WATER SUPPLY:

- 1. Well Location Acceptable: Yes _____ No _____
- 2. Deviations: Yes _____ No _____
- 3. Existing Well On Site: Yes _____ No _____
- 4. Special conditions: Yes _____ No _____
- 5. Comments: Yes _____ No _____

Sanitarian Date

REPLACEMENT SYSTEM EVALUATION:

- System Failure: Yes ___ No ___
- 2. Type of System: Bed (size ft²) _____ Trench (size ft²) _____
- 3. Dates of Previous Repair: _____ 4. Age of System: _____ Years 5. Tank Size(Gal.) _____ Unknown
- 6. System Design: Gravity bed Dosed bed Pressure dosed bed Gravity trenches Dosed trenches
 Pressure dosed trenches Gravity mound Dosed mound Pressure dosed mound Chambers Drywells
 Other _____ Unknown Advanced treatment units _____ Unknown
- 7. Installed Under Permit? Yes _____ No _____ Permit # _____ 8. # of Occupants: _____ # of bedrooms _____
- 9. Sewage on Surface of Ground? Yes ___ No ___ 10. Complaint Filed? Yes ___ No ___ Complaint # _____
- 11. Replacement: Tank ___(T) Field ___(F) Tank & Field ___(T/F) 12. Depth of Existing System: ___ Feet
- 13. Soils: Coarse Sand, Medium sand Fine Sand, Loamy sand Sandy loam Loam, Sandy clay loam Clay loam, Silt loam Clay, Silt Organic soil, Fill soil
- 14. Reason for Replacement: Septic tank failure Infrequent tank pumping Pipe filled with solids Damaged/
Collapsed piping system Hydraulic overload System undersized Insufficient isolation to water table
 Root intrusion Installation error Unsuitable fill dirty stone Excess cover Lack of maintenance.
 Dirty Stone Unable to Determine Soil Clogging Other _____

Sanitarian Date