

# 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).
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 two weeks for our department to respond to your application and send you the results.
7. 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.

<b>SEWAGE: NEW OR REPLACEMENT</b>	<b>\$434.00</b>		<b>WELL: \$275.00</b>
<b>SEPTIC TANK ONLY</b>	<b>\$257.00</b>		

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

8. **Tank Only:** For the issuance of a tank only permit, a copy is needed of the current sewage permit or the four corners of the field dug up.
9. Notify the Health Department when two (2) test holes, necessary to do the soil evaluation, are ready.

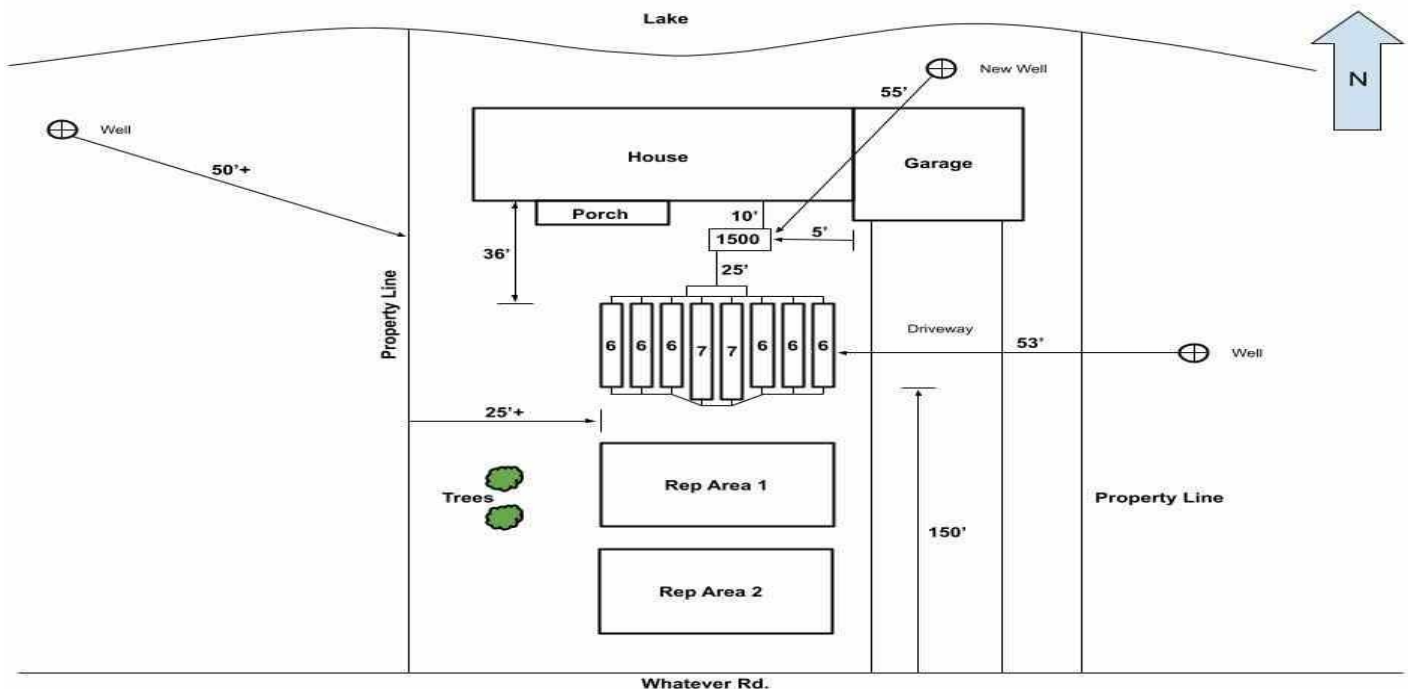
Follow these steps in digging the two (2) test holes for **a sewage disposal system:**

- 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.

## Minimum Isolation Distances for a Site Plan

<b><i>ISOLATION FROM</i></b>	<b><i>WELL</i></b>	<b><i>SEPTIC TANK</i></b>	<b><i>DISPOSAL FIELD</i></b>
Groundwater Table	N/A	N/A	18"
Undrained Foundation	3'+	5'	10'
Basement/Drained Foundation	3'+	5'	20'
Property Lines	N/A	10'	10'
Residential Well	N/A	50'	50'
Shared Type III Well	N/A	75'	75'
Bank/Drop-off	N/A	10'	50'
Ditch	10'	10'	25'
Surface Water and Stream	10'	50'	100'
Lake	10'	100'	100'
Water Supply Pressure Line	N/A	10'	10'

1. In the space provided on the application or on a separate sheet of paper, draw an accurate dimensional site plan.
2. Include features like: 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, and 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.)



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

**APPLICATION IS VALID FOR ONE YEAR FROM DATE OF PAYMENT**

**Application for:**     **Sewage Permit** \_\_\_\_\_     **Water Supply Permit** \_\_\_\_\_     **Both** \_\_\_\_\_  
Site Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Township: \_\_\_\_\_ Section # \_\_\_\_\_ Property ID # \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot # \_\_\_\_\_  
Directions to Property: \_\_\_\_\_  
Property Size: Road Frontage: \_\_\_\_\_ Depth: \_\_\_\_\_ Acres: \_\_\_\_\_  
**Commercial ONLY:**    \_\_\_\_\_ <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: \_\_\_\_\_

**Water Supply Permit Applicants, Please Complete the Following:**

1. New \_\_\_\_\_ Replacement \_\_\_\_\_
2. Drilled Well \_\_\_\_\_ Bored \_\_\_\_\_ 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: \_\_\_\_\_

**SITE PLAN**

(see direction sheet)

N  
W ← ↑ → E  
S

**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. \_\_\_\_\_ Check # \_\_\_\_\_ Permit # \_\_\_\_\_

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

**1. Soil Boring Results:**

1' ----  
2' ----  
3' ----  
4' ----

1' ----  
2' ----  
3' ----  
4' ----

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. Electronic/Local Map Reviewed: Yes \_\_\_\_\_ No \_\_\_\_\_  
6. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sanitarian

Date

**REPLACEMENT SYSTEM EVALUATION:** System Failure: Yes \_\_\_ No \_\_\_

1. # of Bedrooms \_\_\_\_\_ 2. Tank Type(s) \_\_\_\_\_ 3. Tank Size (Gal.) \_\_\_\_\_ ☐ Unknown  
4. Facility Type: ☐ Single Family ☐ Two Family ☐ Other \_\_\_\_\_ EST GPD \_\_\_\_\_  
5. System Design: ☐ Bed \_\_\_\_\_ ☐ Trenches \_\_\_\_\_  
☐ Mound \_\_\_\_\_ ☐ Chambers ☐ Drywells ☐ Advanced treatment units \_\_\_\_\_  
☐ Pressure \_\_\_\_\_ ☐ Dose \_\_\_\_\_ ☐ Other \_\_\_\_\_ ☐ Unknown  
6. Age of System: \_\_\_\_\_ Years ☐ Unknown 7. Soil Texture: \_\_\_\_\_  
8. ☐ Bed (size ft<sup>2</sup>) \_\_\_\_\_ ☐ Trench (size ft<sup>2</sup>) \_\_\_\_\_ ☐ Unknown  
9. 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 ☐ Soil Clogging ☐ Unable to Determine ☐ Other \_\_\_\_\_

Sanitarian

Date