

ST. CLAIR COUNTY HEALTH DEPARTMENT
Environmental Health Division
3415 – 28th Street
Port Huron, MI 48060
Phone: (810) 987-5306 Fax: (810) 985-5533

INSTRUCTIONS FOR SUBMITTING A
COMMERCIAL SEWAGE DISPOSAL PERMIT APPLICATION

Permits will be processed only when ALL required information is provided

Application **MUST** be accompanied by the following:

- ① Property address or road location with distance from nearest intersection.
IT IS IMPORTANT THAT THE SANITARIAN HAVE THE EXACT LOCATION OF THE PROPERTY.
- ② Complete and sign the application.
- ③ A detailed plot plan on a separate sheet of paper. (See example on the back of this sheet)
- ④ Copy of legal description of the property. **Also provide Tax I.D. Number.** A survey may be required.
- ⑤ All proper names are to be placed in designated lines. For definition of names, note the following:
 - A. OWNER: Shall be property owner of record at the time application is filed.
 - B. APPLICANT: Shall be one of the following:
 - Same as owner if that person is the one developing the property.
 - The purchaser of the property, if this is to be the person developing the property.
- ⑥ APPLICATION SIGNATURES:
 - A. The applicant shall sign the application.
 - B. Owner may sign only if designated and written authorization from the applicant accompanies application.
 - C. An agent may sign only if written authorization from the applicant accompanies application.
- ⑦ After application is completed, return it with all required information and the proper fee.
Make checks payable to: **ST. CLAIR COUNTY HEALTH DEPARTMENT.**

◆Under 1000 gallons per day: \$250.00
◆Over 1000 gallons per day: \$350.00

ATTENTION APPLICANT: Installation of sewage systems between December 1 and March 1, is PROHIBITED without prior approval from the Health Department. Installing a sewage disposal system when the ground is wet or frozen can shorten the life expectancy of the system and result in failure sooner than if installation occurred during favorable conditions.

PROCEDURE AFTER SUBMITTING APPLICATION: 

1. **CONTACT THE AREA SANITARIAN BEFORE THE SOIL BORINGS ARE DONE.**
Appointments may be arranged with your area sanitarian at (810) 987-5306, between **8 A.M. – 9:30 A.M.** Monday through Friday.
2. Due to heavy clay soil, most soil borings will need to be done by a backhoe. In some cases, with sanitarian approval, holes may be dug with a post hole digger or similar device; however, **POWER AUGERS ARE NOT ACCEPTABLE.**
3. In those cases that soil borings are not done by a backhoe, then a minimum of two soil borings, 80 feet apart, shall be dug and are to be a minimum of four inches in diameter. Borings are to be at least four feet deep and placed on opposite ends of the proposed disposal field area. It is the responsibility of the applicant to assure that there are no underground utilities in the vicinity of the borings.
4. The soil is to be laid out in the sequence it is removed from the holes.
5. Property lines shall be staked out along the road frontage.

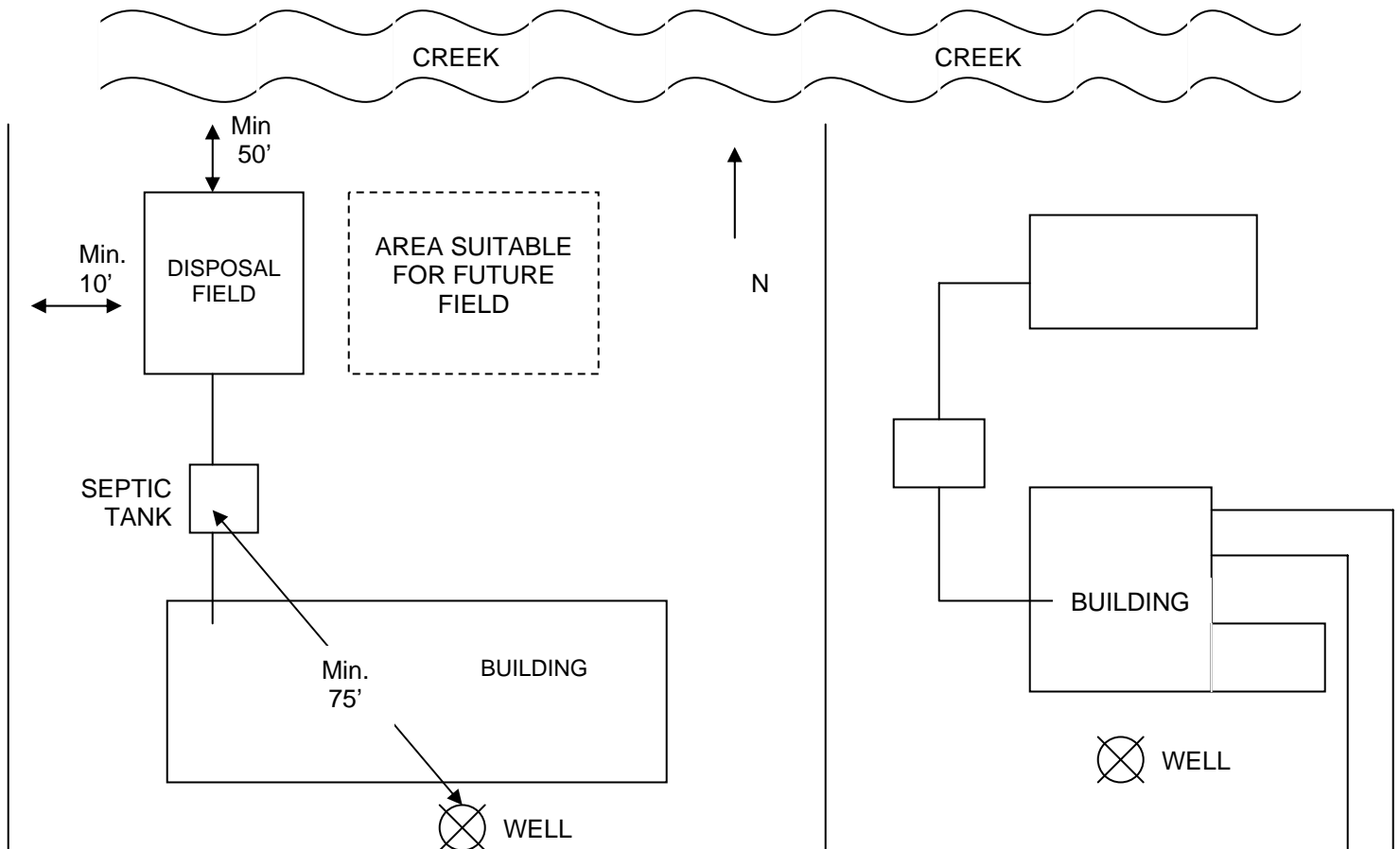
SAMPLE PLOT PLAN FOR COMMERCIAL SEWAGE DISPOSAL APPLICATION

- A. Show location of any existing construction such as buildings, wells, or sewage disposal facilities which are on the property, or adjoining lands.
- B. Show location of all proposed construction such as buildings, driveways, wells, and sewage disposal systems.
- C. Indicate any easements – lakes, ponds, drains, utility lines, etc.
- D. Indicate distances between wells and septic tanks, disposal fields, property lines, water courses, streams, rivers, lakes, drop-offs, etc., on property AND neighboring property.
- E. Your plot plan drawing should resemble the example shown below.

<u>MINIMUM REQUIREMENTS</u>		
ISOLATION FROM	SEPTIC TANK	DISPOSAL FIELD
Property Line or roadside ditch	10'	10'
Building Foundation	10'	10'
Type II or Type III Water Well	75'	75'
Residential Water Well	50'	50'
Lake, Stream	50'	50'
Bank or Drop-Off	10'	25'
Trees	5'	10'

ATTACH YOUR DRAWING TO APPLICATION

SAMPLE DRAWING



Date of application _____
 Application fee pd. _____
 Receipt number _____

**ENVIRONMENTAL HEALTH DIVISION
 ST. CLAIR COUNTY HEALTH DEPARTMENT
 3415 – 28th STREET
 PORT HURON MI 48060 - (810) 987-5306**



APPLICATION TO INSTALL COMMERCIAL SEWAGE DISPOSAL SYSTEM

PROPERTY TAX I.D. NUMBER: **74** - _____ TOWNSHIP _____

PROPERTY LOCATION _____
Street number (if available) Street name

APPLICANT _____ ADDRESS _____

CITY STATE ZIP _____ PHONE _____

PROPERTY OWNER _____ ADDRESS _____

CITY STATE ZIP _____ PHONE _____

Type of establishment / business _____

New Construction Existing Replacement sewage system Nuisance Abatement

Proposed number of:
 Employees _____ Seating Capacity _____ Square Feet _____ Shifts _____ Bed Space _____

Kitchen Facilities: Yes No Sewage flow _____ gallons per day How was flow calculated? _____

Water Supply: Municipal Private Public Type II Public Type III Well depth _____ Diameter _____

APPLICANT SIGNATURE _____

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 FOR HEALTH DEPARTMENT USE ONLY

THIS PERMIT IS NOT TRANSFERABLE TO ANOTHER PERSON OR PROPERTY

Number of septic tanks _____	Total capacity _____	Effluent filter required <input type="checkbox"/>	Pump specifications attached <input type="checkbox"/>
Standard Absorption Trenches: _____ lineal ft. of 24" trenches _____ (minimum 6' centers)			
Standard Absorption Bed: _____ sq. ft. (_____ x _____)		No. _____	Tile lines _____ ft. long 4 ft. centers

1. Applicant must understand and follow all permit instructions and diagrams before installation.
2. Invert (bottom of tile) is established at: _____
3. Remove _____ in an area _____ x _____. **Loosen underlying soil to approximately 6" deep. DO NOT COMPACT SOIL.**
 - (a) Install _____ wide deep cuts _____ times across width of field. Cuts shall be _____ feet deep. Fill with medium sand.
 - (b) Replace with medium to coarse sand to 6 inches above benchmark in the _____ x _____ area.
 - (c) Replace with _____ inches of clean medium to coarse sand in the _____ x _____ area.
4. Bank (slope) with sand / loam at a 4 to 1 slope. **(No clay allowed).**
5. Call for inspection of sandfill quality and depth. **DO NOT PROCEED UNTIL APPROVED.**
6. Install stone and tile. Cover with a minimum of two (2) inches of straw, or an approved fabric.
7. Notify Health Department for final inspection of system. **DO NOT BACKFILL UNTIL APPROVED.**
8. Final cover shall be 12 inches of loamy topsoil **(no clay)**. Final cover shall support growth of vegetation. Seed and mulch entire area.
9. Final grade shall allow for proper surface water runoff. Suggest surface water diversion and ditching and the use of water saving devices (toilets, showers, faucets, etc.). Divert downspouts/gutters away from septic field area.
10. Tile invert ~ _____" above original grade; ~ _____" approved medium to coarse sand fill required.

ADDITIONAL REQUIREMENTS/COMMENTS:

READ ALL GENERAL PERMIT CONDITIONS ON THE REVERSE SIDE OF THIS PAGE, AND THE INFORMATION LISTED ABOVE THE APPROVED SITE PLAN.

THIS PERMIT NO. _____, is hereby granted to _____, subject to conditions stated herein and for installation requested to be constructed in accordance with approved plans attached hereto.

PERMIT ISSUED ON _____, 20____. VOID AFTER _____, 20____. BY: _____
 Sanitarian