

# ST. CLAIR COUNTY HEALTH DEPARTMENT

Environmental Health Division  
3415 – 28<sup>th</sup> Street, Port Huron, MI 48060  
Phone: (810) 987-5306  
Fax: (810) 985-5533

## INSTRUCTIONS FOR SUBMITTING A RESIDENTIAL SEWAGE DISPOSAL PERMIT APPLICATION

**Permits will be processed only when ALL required information is provided. The following MUST be submitted:**

- ▷ Property address or road location with distance from nearest intersection.  
**IT IS IMPORTANT THAT THE SANITARIAN HAVE THE EXACT LOCATION OF THE PROPERTY.**
- ▷ Complete and sign the application.
- ▷ A detailed plot plan on a separate sheet of paper. (See example on the back of this sheet)
- ▷ Copy of legal description of the property. **Also provide Tax I.D. Number.** A survey may be required.
- ▷ 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.
    - Applicant must be an individual, not a company or business.
- ▷ APPLICATION SIGNATURES:
  - a. The applicant shall sign the application.
  - b. An agent may sign only if written authorization from the applicant accompanies application.
- ▷ After application is completed, return it with all required information and the proper fee.  
*Make checks payable to: **ST. CLAIR COUNTY HEALTH DEPARTMENT, for \$200.00***

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.

### **AFTER SUBMITTING APPLICATION:**

- ▷ **CONTACT THE AREA SANITARIAN BEFORE THE SOIL BORINGS ARE DONE.**  
**Arrange appointments with your area sanitarian at (810) 987-5306, between 8 A.M. – 9:30 A.M. Monday through Friday.**
- ▷ 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.**
- ▷ In those cases that soil borings are not done by a backhoe, then a minimum of two soil borings, 50 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.
- ▷ The soil is to be laid out in the sequence it is removed from the holes.
- ▷ Property lines shall be staked out along the road frontage.



Date of application \_\_\_\_\_  
Application fee pd. \_\_\_\_\_  
Receipt number \_\_\_\_\_

## APPLICATION TO INSTALL SEWAGE DISPOSAL FACILITIES FOR SINGLE FAMILY OR DUPLEX DWELLING ONLY

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 \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot size (acres) \_\_\_\_\_ Lot/Parcel No. \_\_\_\_\_ House sq. footage \_\_\_\_\_

Dwelling Type: Single  or Duplex  No. Bedrooms \_\_\_\_\_ No. Occupants \_\_\_\_\_ No. Bathrooms \_\_\_\_\_

New Construction  Existing  Replacement sewage system  Nuisance Abatement

Water Supply: Municipal  or Private  Well shall comply to the requirements of Part 127 of Act 368 P.A. 1978, as amended.

**SIGNATURE OF APPLICANT** \_\_\_\_\_

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*HEALTH DEPARTMENT USE ONLY*

### **THIS PERMIT IS NOT TRANSFERABLE TO ANOTHER PERSON OR PROPERTY**

Septic tank(s) \_\_\_\_\_ Capacity \_\_\_\_\_ Effluent filter: Required ( ) Pump specifications attached ( )  
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 all permit instructions (see reverse and approved site plan) and diagrams before installation.
2. Invert (bottom of tile) is established at: \_\_\_\_\_
3. Remove \_\_\_\_\_ in an area \_\_\_\_\_ x \_\_\_\_\_. **Loosen underlying soil to ~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 \_\_\_\_\_ inches of approved medium coarse sand in the \_\_\_\_\_ x \_\_\_\_\_ area.
  - (c) Replace with approved medium coarse sand to 6 inches above benchmark in the \_\_\_\_\_ x \_\_\_\_\_ area.
4. Bank (slope) with sand / loam at a 4 to 1 slope. **(No clay allowed).**
5. Call for inspection of sand fill quality and depth. **DO NOT PROCEED UNTIL APPROVED.**
6. Install stone and tile. Cover with a minimum of 2 inches of straw.
7. Notify Health Department for final inspection of system. **DO NOT BACKFILL UNTIL APPROVED.**
8. Final cover shall be 8-12 inches of loamy topsoil **(no clay)**. Final cover shall support growth of vegetation. Seed and mulch the entire field 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. Call for additional requirements if a garbage disposal or spa is to be installed.
11. Tile invert ~ \_\_\_\_\_" above original grade; ~ \_\_\_\_\_" approved medium coarse sand fill required.

ADDITIONAL REQUIREMENTS/COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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