

# Tuscola County Health Department

## Environmental Health Division

1309 Cleaver Road, Suite B

Caro, MI 48723-9160

Phone: 989-673-8119

(This application expires one year after date of submittal)

### Application for Sewage Permit

Site Address \_\_\_\_\_

Directions to Property \_\_\_\_\_

County \_\_\_\_\_ Township \_\_\_\_\_ Section \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Property ID # \_\_\_\_\_

Property Size: Road Frontage \_\_\_\_\_ Depth \_\_\_\_\_ Acres \_\_\_\_\_ Residential  Commercial

Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

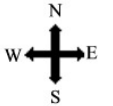
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### 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 \_\_\_\_\_

#### SITE PLAN

(See direction sheet)



#### Water Supply Information

1. Age of Existing Well \_\_\_\_\_ or New Well Permit \_\_\_\_\_
2. Drilled Well  Bored Crock  Hauled
3. Single Family Home Yes  No
4. Existing Well Abandoned Yes  No  N/A
5. Liquid (non-propane) Fuel Tanks Yes  No
6. Well Driller \_\_\_\_\_
7. Pump Installer \_\_\_\_\_

**MUST COMPLETE REQUIRED SITE PLAN HERE**

**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).

Application  Relocation  Transfer

\_\_\_\_\_  
Applicant's Signature

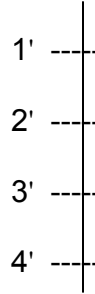
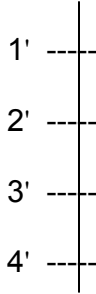
\_\_\_\_\_  
Date

Date Recd.: \_\_\_\_\_ Receipt # \_\_\_\_\_ Amt Recd.: \_\_\_\_\_ 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 ft<sup>2</sup>) \_\_\_\_\_  Trench (size ft<sup>2</sup>) \_\_\_\_\_
3. Dates of Previous Repair: \_\_\_\_\_ 4. Age of System: \_\_\_\_\_ Years 5. Tank Size(Gal.) \_\_\_\_\_  Unknown
6. Septic Tank Type:  Single  Two Compartment  More than one Tank  No Tank
7. 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 \_\_\_\_\_  Advanced treatment units \_\_\_\_\_  None  Unable to determine
8. Installed Under Permit? Yes \_\_\_ No \_\_\_ Permit # \_\_\_\_\_ 9. # of Occupants: \_\_\_\_\_ # of bedrooms \_\_\_\_\_
10. Sewage on Surface of Ground? Yes \_\_\_ No \_\_\_ 11. Complaint Filed? Yes \_\_\_ No \_\_\_ Complaint # \_\_\_\_\_
12. Replacement: Tank \_\_\_(T) Field \_\_\_(F) Tank & Field \_\_\_(T/F) 13. Depth of Existing System: \_\_\_\_\_ Feet
14. 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
15. 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

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### FACT SHEET – Effective October 1, 2011

#### DIRECTIONS 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 site are clear. Use distances from nearest crossroads, landmarks, neighbor's addresses, etc.
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 Treasurer's Office).
4. Draw an accurate **site plan with measurements ON THE APPLICATION.** Follow the directions on the back of this form.
5. The application must be signed by the owner or applicant and dated. Applications are Non-Refundable after six months when requested services not completed. **Permits expired one year from issuance.**
6. A **Township Verification of Parcels form must be returned with** Sewage Disposal Permit Application. Please contact your local township government for the appropriate township official.
7. Allow a minimum of one week for our department to respond to your application and/or send you the results. Site appointments may be arranged by contacting the department after submitting application.

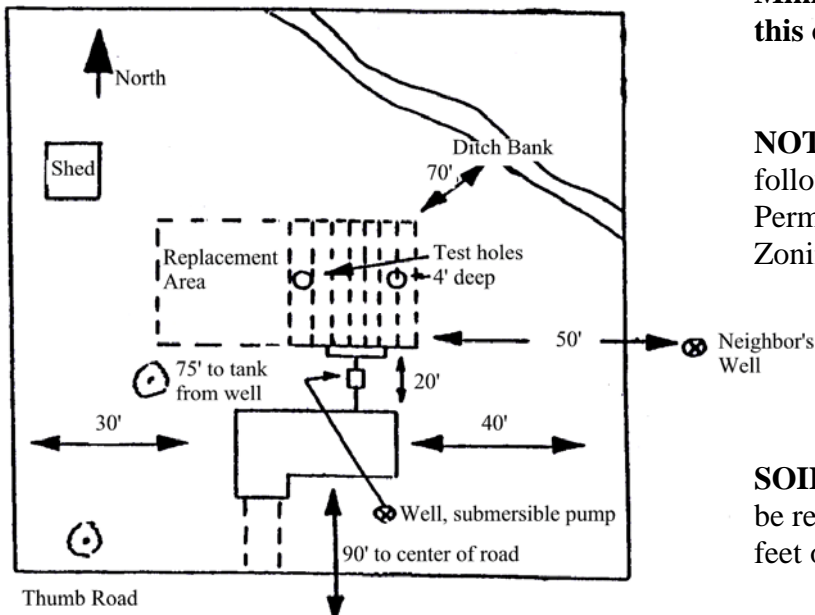
#### PROCEDURES AFTER COMPLETION OF THE APPLICATION:

1. Return the following to the Health Department:
  - a. Properly completed application form (s) with site plan. Feel free to make a copy for your file.
  - b. The appropriate fee **MUST** be submitted with the application, paid to the order of Tuscola County Health Department. (Call for Commercial Fees)  
Well: \$212.00      Sewage: \$315.00      Sewage Replacement: \$315.00  
Transfer: \$23.00      Relocation: \$168.00
  - c. Sewage Permit Applications **MUST** have **Township Verification of Parcel** form completed by current owner of property and local township official. **NOTE:** Existing homes with septic systems requiring replacement need only top portion completed with owner's signature.
  - d. **Appointment will not be scheduled until completed forms and fees are received in office.**
2. **For sewage system**, follow these steps in digging the two (2) holes for the soil evaluation:
  - a. Holes should be approximately four (4) feet deep and 6-8 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. If a backhoe is used, please contact the Health Department to schedule an appointment.
  - 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.
  - f. Notify the Health Department when the two (2) test holes are ready for inspection.
3. **For water system**, follow these steps:
  - a. Apply and receive permit prior to well construction.
  - b. Notify the Health Department upon well completion to schedule a final inspection. Water must be clear of chlorine prior to sampling.
  - c. An **additional fee will be charged** if final inspection and sampling are not completed prior to permit expiration date.

# Helpful Hints for Preparing a Site Plan

1. **In the space provided on the application** draw an accurate site plan with measurements.
2. Include such features as: ✓ garages, ✓ sheds, ✓ neighboring wells within 100ft., ✓ 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 hole (i.e. other structures on property; landmarks such as trees, signs, etc.)
4. Draw a site plan to scale.  
(Example: 1/4 inch = 10 feet)

Example:



## MINIMUM RESIDENTIAL REQUIREMENTS (Partial list)

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

**Minimum Commercial Isolations will vary contact this office for additional information.**

**NOTE:** Prior to obtaining a Building Permit the following may be required: Well Permit and Sewage Permit and/or Usage Approval, Driveway Permit and Zoning Permit.

**SOIL EROSION/SEDIMENTATION:** Permit may be required if drilling, grading or trenching within 500 feet of a lake or stream.