Onsite Sewage Disposal System Construction Permit Application
(Other than single family residential and less than 10,000 gallons/day capacity)

Note: There is a $26.00 additional charge, per request, for services requiring travel to an island.

To obtain a construction permit, submit the following:

1. Detailed site and system construction plans;
2. Enclosed requested details (information on plans need not be duplicated in this application);
3. Other – if applicable
4. Application fee: < 2000 gallons/day $458.00  
    > 2000 gallons/day $577.00  

Important Notes:

1. Sewage volume determination, site condition requirements and minimum disposal system specifications are contained in "Michigan Guidelines for Subsurface Sewage Disposal", Michigan Department of Public Health, publication D-48, Rev. 6/89.

2. For systems exceeding 10,000 gallons/day, submit plans to Michigan Department of Environmental Quality (DEQ) for review and approval.

For systems with flows of 2,000-10,000 gallons/day including systems with a sewage output less than 2,000 gallons/day, detailed construction plans, prepared by a Michigan registered professional engineer, are required. The requirement for submittal of plans may be waived at the discretion of the health officer for small systems with flows less than 1,000 gallons per day (provided the cost of such system is less than $15,000).

3. It is recommended that your consultant make a preliminary site evaluation before any extensive engineering design work commences. If the site is unsuitable, such identification will eliminate unnecessary costs for engineering planning and design. If you desire, this department can conduct a pre-preliminary site evaluation to help identify unsuitable building sites. There is a $182.00 site evaluation fee for this purpose and the applicant must provide backhoe cut(s) to a depth of 6’ for soil evaluation. Note that site evaluations are generally conducted weather permitting (i.e., no snow on the ground), usually May through October.
Commercial Sewage System Application

I. PROJECT IDENTIFICATION

1. Type:  _____ vacant land  _____ existing development

2. Establishment name ________________________________

3. Business type (use) ________________________________

4. Applicant ________________________________________
   Address __________________________________________
   Phone _____________________________________________

5. Location:
   County ____________________________________________
   T_____N, R_____W, Section ______________
   Property Description number ________________________

6. Detailed directions to project site:
   __________________________________________________
   __________________________________________________
   __________________________________________________

II. SITE REPORT

1. Lot/parcel: length ____________, width ____________, # of acres ____________

2. Soil profile data – record on plans or attach addition sheets. Use United States Department of Agriculture soil classification scheme. Record to six feet. Include actual and seasonal high water table elevation if less than six feet below grade.

3. Percent (%) slope of steepest grades on property __________________________ Is any cutting of filling of land anticipated? yes _____ no _____
   Type of fill material to be used __________________________
   Fill depth _____ (feet); Fill area: width _____ (feet); length _____ (feet)
   Mound side slope ratio _____ (vertical dimension): _____ (horizontal) Minimum isolation distance provided to: well(s) _____ (feet), surface water _____ (feet), lot lines _____ (feet).

4. Complete “SITE EVALUATION” on next page
# Site Evaluation

**Property ID:** ___________________________  **T** ______  **R** ______  **SEC.** ______

**Owners Name:** ___________________________

**Property Size:** ___________________________ **(Dimension or Acreage)**

**INCLUDE IN DRAWING:**
- Property Dimensions
- Well(s)
- All Structures with Dimensions
- Easements
- Roads
- Driveways
- Surface water (lakes, streams, rivers, pond)
- Existing Septic System (if applicable)
- Fuel Tanks
- Utilities
- Distances between all of the above
- Test Hole Location(s)
- Replacement Area (RA)

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**Soils consistent across site:** Y N  **Topography:** ___ Slight ___ Moderate ___ Severe

**Replacement area available:** Y N  **Existing well?** Y N

**To be Abandoned?** Y N  **Municipal Water?** Y N

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**Excavation #1**

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<tr>
<th>Depth to Bottom of Stratum</th>
<th>Thickness of Stratum</th>
<th>Soil Texture</th>
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**Depth to Limiting Layer** ___________ ft.

No Evidence of water table

**Excavation #2**

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**Depth to Limiting Layer** ___________ ft.

No Evidence of water table

**Excavation #3**

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**Depth to Limiting Layer** ___________ ft.

No Evidence of water table

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**Comments:**
III. DESIGN DATA

1. Volume of flow (gallons/day) ____________________________
2. Basis for flow determination ____________________________
3. Loading rate _________________ gal./sq. ft./day
4. Use: ____ year-round _____ seasonal (from_______ to _______)

IV. SEPTIC TANK

1. Number and size of tanks ________________________________
2. Material construction _________________________________
3. Effluent filter _____ yes _____ no

V. GREASE TRAP (REQUIRED AT FOOD SERVICE ESTABLISHMENTS)

1. Tank material __________________________________________
2. Tank size _____________________________________________
3. # of tanks _____________________________________________

VI. OTHER TREATMENT DEVICES (ATTACH SPECIFICATIONS)

VII. EFFLUENT DOSING

Note: Systems exceeding 2,000 gallons/day shall be dosed.

1. Dose volume = _____ sewage flow (gpd) / 4 doses per day = _____ gal./dose
2. Pump design: total dynamic head (TDH) = elevation head + friction head loss
   a. elevation head: __________________ ft.
   b. friction head loss:
      fittings: ____ # elbows (size ___") X ____ ft./elbow (equivalent length of straight pipe) = ____ ft.
      pipe: ______ ft. pipe length (size ___") X ____ ft. friction loss/100' pipe = ____ ft.
      friction head loss = ____ ft. (fittings equivalent length of straight pipe) + ____ ft. pipe = ____ ft.

Total dynamic head loss = ____ ft. elevation head + ____ ft. pipe = ____ ft.
3. Pumping specifications

a. dosing volume _______ (gal./dose)
b. dosing time _______ (min.)
c. pump duty point _______ gpm at _______ feet TDH (attach copy of pump performance curve)
d. pump make ______________________________
   pump model ______________________________
   hp ____________________
f. pump/pump chamber – misc.
   
   yes   no
   ___ ___ dual alternating pumps?
   ___ ___ audio/visual alarm?
   ___ ___ pumps accessible?
   ___ ___ explosive proof design?
   ___ ___ emergency power source provided?
   ___ ___ each pump sized for peak flow?
   ___ ___ waterproof junction box for disconnect?
   ___ ___ wet well vented?

VIII. DRAINFIELD

1. Type: bed ___ trench ___ other (list) ______________________________________

2. Amount of Fill _______________ inches. Fill Type: __________________________

3. Linear feet of pipe ______________________________

4. Pipe material ______________________________

5. Pipe: diameter _______ in.  volume _______________ (gal./ft.)
   Note: total pipe volume must equal or exceed the dose volume

6. Effective seepage area _______________ (square feet)

7. Pipe spacing _______________ (feet on center)

8. Aggregate: size _______ ; depth _______ (inches)

9. Aggregate cover type – geotextile material required

10. Depth of earth cover _______________ (inches)

11. Berm beyond the edge of stone _______ ft

12. Side slopes from berm edge _______ on _______
IX. CONSULTANT CERTIFICATION
   1. Prepared by ________________________________
   2. Firm ________________________________
   3. Address ________________________________
   4. Phone ________________________________
   5. Registration number ________________________________
   6. ________________________________
      Signature                              Date

OFFICE USE ONLY

1. Application is approved __________, not approved __________
2. Comments ________________________________
   _______________________________________
   _______________________________________
   _______________________________________
   _______________________________________
   _______________________________________
   _______________________________________
   _______________________________________
   _______________________________________

3. ________________________________
   Sanitarian                              Date

4. ________________________________
   Sewage disposal construction permit number
   Well construction permit number