



# LMAS DISTRICT HEALTH DEPARTMENT

Environmental Health ■ Personal & Family Health ■ Emergency Preparedness

[www.lmasdhd.org](http://www.lmasdhd.org)

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## Existing Facility Evaluation Application for Residential Sewage Disposal and Water Supply Systems

Section 5.9 of the LMAS Superior Environmental Health Code states “No person shall connect a dwelling to an existing sewage system except where allowed, in writing, by the health officer. Nor shall any person increase sewage flow to an existing sewage system by greater than one bedroom or one hundred fifty gallons per day except where allowed, in writing, by the health officer.”

A properly sited, designed, and installed sewage treatment system (STS) along with a water supply is very important in protecting public health and groundwater resources. During the existing facility evaluation, the existing STS and/or water supply will be evaluated to determine if the system(s) was/were properly installed and functioning as designed.

1. Submit a completed application with appropriate fees.
2. **A) Sewage Treatment System**  
An evaluation of the soils around the STS may be necessary. The applicant will be required to have the septic tank pumped during the evaluation in order for the staff person to obtain the necessary information regarding the septic tank construction and design. If the tank has been pumped within the last year and the required information is available, LMAS DHD will accept the information provided by the licensed septage hauler and reported to the department on forms provided.  
  
**B) Water Supply – Well**  
Existing water supply systems will be inspected for compliance with the Michigan Water Well Construction and Pump Installation Code. Water samples will be collected to test for coliform bacteria and nitrates/nitrites. Also, the staff person will need to evaluate the construction of the pressure tank.
3. If there is not a permit and/or final inspection present for the STS, the applicant will be required to:
  - a) Provide a test hole to a depth of 6 ft with a minimum dimension of 2 ft X 2 ft near the STS area to allow staff to conduct an evaluation of the soils,
  - b) Uncover the entire header of the drain field along with the corners of the footer,
  - c) Arrange to have the tank pumped during the evaluation. If the tank has been pumped within the last year and the required information is available, LMAS DHD will accept the information provided by the licensed septage hauler and reported to the department on forms provided.

If there is not a water well and pump record available for the water supply, the system will be unapproved by the Department.

4. Environmental Health Staff will contact the applicant to arrange an appointment to conduct the evaluation. Please contact appropriate professionals (Miss Dig: 1-800-482-7171) to assure that underground utilities are located. Underground utilities must be flagged at least 2 days prior to the scheduled appointment.
5. Following the evaluation, the Sanitarian will approve or deny the request. A copy of the decision will be forwarded to the necessary parties.

**If you have any questions regarding these procedures, please contact your local health department office at one of the numbers listed above.**

**Office Use Only**

CLIENT ID #: \_\_\_\_\_

Fees Paid \_\_\_\_\_

Date \_\_\_\_\_

Check # \_\_\_\_\_

Receipt# \_\_\_\_\_

**Evaluation Requested for:**

☐ Septic Only      Fees    \$185.00  
☐ Well Only         \$220.00  
☐ Both                 \$405.00

**Purpose:**

☐ Mortgage  
☐ Building Permit  
☐ Other

**Property Description:**

T \_\_\_\_\_ N, R \_\_\_\_\_ E/W, Sec \_\_\_\_\_ Tax ID # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Township: \_\_\_\_\_ Parcel Size: Width \_\_\_\_\_ Length \_\_\_\_\_ Acres \_\_\_\_\_  
Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_  
Property Address \_\_\_\_\_

**Driving Directions****Site Information:**

Original permit holder \_\_\_\_\_ (provide copy, if available)

Year Septic Installed \_\_\_\_\_ # of Bedrooms – Now \_\_\_\_\_ Projected number \_\_\_\_\_

Last pump out date \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Pumper \_\_\_\_\_

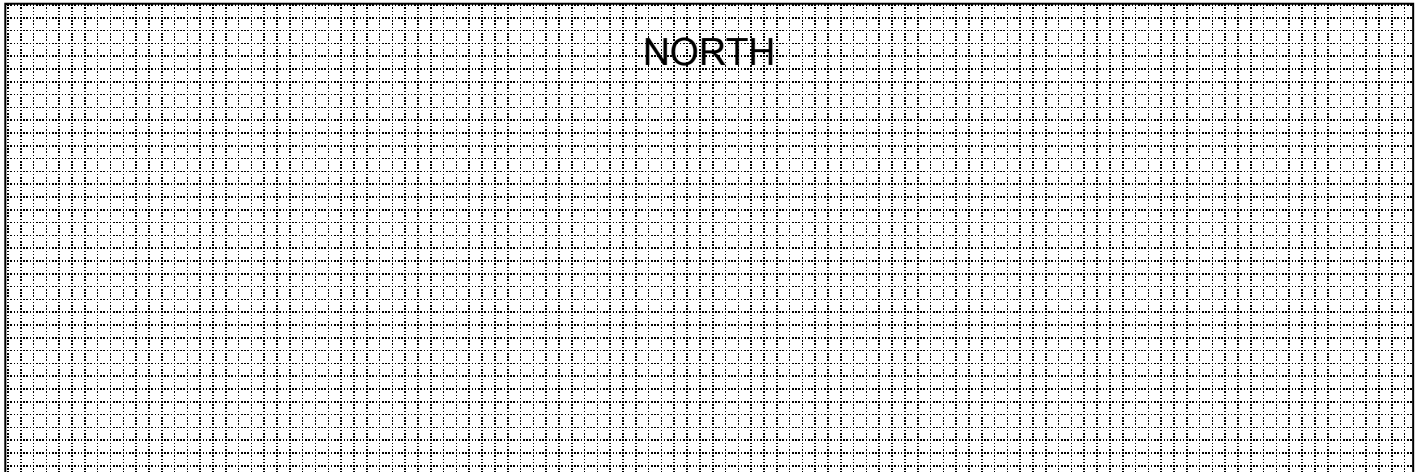
Water Supply: Municipal ☐ Well ☐ (provide copy of well log)**Water Using Device Inventory:**

bathrooms – Full ☐, ¾ ☐, ½ ☐ Dishwasher ☐, garbage grinder ☐,  
clothes washer ☐, water softener ☐, other treatment \_\_\_\_\_,  
Pool – volume \_\_\_\_\_, hot tub/Jacuzzi – volume \_\_\_\_\_, Oversized bathtub – vol. \_\_\_\_\_

**Complete site plan**, at a minimum, plan must include the following along with distances between:

- ☐ Property Dimensions    ☐ All Structures with Dimensions    ☐ Existing Well(s) (include neighbors\*)  
☐ Roads & Driveways    ☐ Surface water (lakes, streams, rivers, pond)    ☐ Easements & Utilities  
☐ Fuel Storage    ☐ Existing Septic System (include neighbors \*)

\*include neighboring information if proposed system(s) is within 75 ft of neighboring system(s) – applicant's responsibility to provide accurate information.

**Applicant Information:**

Name: \_\_\_\_\_

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

Phone # (       ) \_\_\_\_\_ - \_\_\_\_\_ Phone # (       ) \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\* Agency Use Only \*\***

**Septic System:**

Permit ☐ Y ☐ N Year \_\_\_\_\_  
Final ☐ Y ☐ N  
Affidavit ☐ Y ☐ N

**Water Supply:**

Permit ☐ Y ☐ N Year \_\_\_\_\_  
Final ☐ Y ☐ N  
Affidavit ☐ Y ☐ N

**Water Supply:**

Water Analysis:

Coliform

Nitrates/Nitrites

Other: \_\_\_\_\_

Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Results:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Note: These analyses are limited to specific bacteriological indicator organisms and the specific chemical(s) listed. Test results indicate neither the presence nor absence of any other environmental pollutants.*

**Comments:**

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**Septic System:** (attach site evaluation form)

**Comments:**

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**Recommendation:**

**Septic System**

**Water Supply**

☐☐

Visible and inspected portions of the system(s) has/have been determined to conform to current standards and/or to the standards in place when the system was installed under the above noted site and use conditions.\*

☐☐

Due to the above noted deficiencies, the indicated system(s) does/do not meet current standards or the standards in place when the system was installed. Correction of these deficiencies would provide conformance to the applicable standards. \*

☐☐

The indicated system(s) does/do not conform to current standards or to the standards in place when the system was installed and is/are inadequate for its intended use. The system should be upgraded to meet current standards. \*

**Approval for Use:** (purpose of building permit request only)

**Septic System**

☐ **Yes**

☐ **No – see comments**

Note: Systems and conditions stated to be in compliance with current regulations were found to meet current construction standards or were stated to meet current construction standards by a licensed well driller or a certified septic tank or drain field installer. This review of the water supply and/or sewage disposal system(s) does not constitute a guarantee that the system(s) will give trouble free service. Water sampling, if applicable, found no evidence of contamination at the time of evaluation. The sewage disposal system is designed and intended to be only a temporary means of sewage disposal but proper design, construction and maintenance may assist in maximizing system useful function. The Department recommends pumping the septic tank every 3-5 years and that no "additives" are put into the system. Note that such loads as garbage disposals, water softening discharges and excessive water use are not recommended and will shorten system life. Since conditions may change with time and use, you are advised to have the system(s) evaluated regularly to determine their condition and function. The owner/tenant of this property has full responsibility for the future upkeep, maintenance, and repair of these systems. These items are not the responsibility of the LMAS District Health Department.

Sanitarian \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*indicated following applicable standards:

LMAS District Health Department Superior Environmental Health Code

Michigan Public Health Code, Act 368, P.A. 1978

Groundwater Quality Control, Part 127 – Act 368 P.A. 1978

# Septic Tank Pumping Record

Homeowner: \_\_\_\_\_ Township: \_\_\_\_\_

Property ID#: \_\_\_\_\_ T \_\_\_\_\_ N, R \_\_\_\_\_ W – E, Sec. \_\_\_\_\_

**Reason for Pumping:** ☐ Routine ☐ Required by Health Department  
☐ Slow drainage or sewage backing into home  
☐ Other \_\_\_\_\_

## Conditions Noted Prior to Pumping:

No or limited solids in tank Y / N  
Baffle: ☐ Missing ☐ Damaged ☐ Other  
Is liquid level ☐ above ☐ at or ☐ below the outlet level?

**Septic Tank (1):** Size: \_\_\_\_\_ gallons

**Material:** ☐ Concrete ☐ Steel ☐ Other \_\_\_\_\_

**Septic Tank (2):** Size: \_\_\_\_\_ gallons

**Material:** ☐ Concrete ☐ Steel ☐ Other \_\_\_\_\_

**Outlet Baffle:** ☐ PVC/ABS Plastic ☐ Concrete ☐ Other ☐ None

**Filter(?)** Y / N

## Conditions Noted After Pumping:

☐ Cracked or deteriorated tank ☐ Damaged outlet or distribution component  
☐ Backflow from outlet ☐ Blockage noticed @ inlet/outlet (ex. Roots)  
☐ Soggy or black soil in vicinity of tank ☐ Other (see comments)

## Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Truck Operator: \_\_\_\_\_ Date of Pumping: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# LETTER OF AUTHORIZATION

## Property Identification:

T \_\_\_\_\_ R \_\_\_\_\_ E/W S \_\_\_\_\_ Township \_\_\_\_\_

Property Tax ID# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Property Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

## Representative:

\_\_\_\_\_  
Company and/or Individual Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Office Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Cellular Telephone

As a landowner or recorded easement holder of the property described above, I authorize the person indicated above to act on my behalf for the services requested of the LMAS District Health Department. I understand that I am responsible for all rules and regulations related to this project and understand that civil fines may be enforced against me in the event of any violation of that Code.

## Landowner or Recorded Easement Holder:

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date