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

A properly sited, designed, and installed on-site sewage treatment and disposal system (OSTDS) and water supply is critical to protect public health and groundwater resources. An existing facility evaluation assesses the OSTDS and/or water supply to determine if the system(s) was/were installed according to construction standards and functioning properly.

Section 3-1.1 of the Upper Peninsula Environmental Health Code states “No person shall connect any habitable structure to an existing OSTDS except where allowed, in writing, by the Department. Sewage flow to an existing OSTDS shall not be increased beyond the original design capacity of the existing system except where permitted in writing by the Department”. Property owners that intend to increase use of on-site infrastructure may need an evaluation to ensure the OSTDS and water supply will meet proposed demand.

The following steps shall be followed to execute an existing facility evaluation:

1. Applicant submits a completed application with corresponding fees for service(s) requested.
2. Environmental Health Staff conducts a file review to access information about the property, including compliance history, permits issued, inspections conducted, and documents such as well logs and pump records.
3. If Environmental Health Staff determine that an on-site evaluation is required, applicant and Environmental Health Staff shall coordinate a date and time to conduct on-site system or site & soil evaluation.
4. Following the evaluation, Environmental Health Staff will provide a recommendation for use of the OSTDS and/or water supply. A copy of the decision will be forwarded to the necessary parties.

### Applicant must provide the following for an on-site evaluation:

#### Sewage Treatment System Evaluations

The applicant will be required to have the septic tank pumped during the evaluation for Environmental Health Staff to obtain necessary information regarding septic tank condition and construction. If the tank has been pumped within the last three years and required information is available, LMAS DHD will accept the information from the licensed septage hauler reported on forms provided by the department.

If a permit and/or final inspection is not available for the OSTDS, an evaluation of the system and/or soils around the OSTDS may be necessary.

- **System Evaluation**
  - Uncover the outlet hatch of septic tank and make available for inspection.
- **Site & Soil Evaluation**
  - 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.
  - Provide a soil excavation with a minimum dimension of 2ft x 2ft to a depth of 3ft below the bottom of the absorption system adjacent to the existing OSTDS so that Environmental Health Staff can conduct an evaluation of on-site soils.
  - Uncover the outlet hatch of septic tank, entire length of the header, and both corners of the footer of the drainfield so that exact location and square footage of drainfield can be determined.

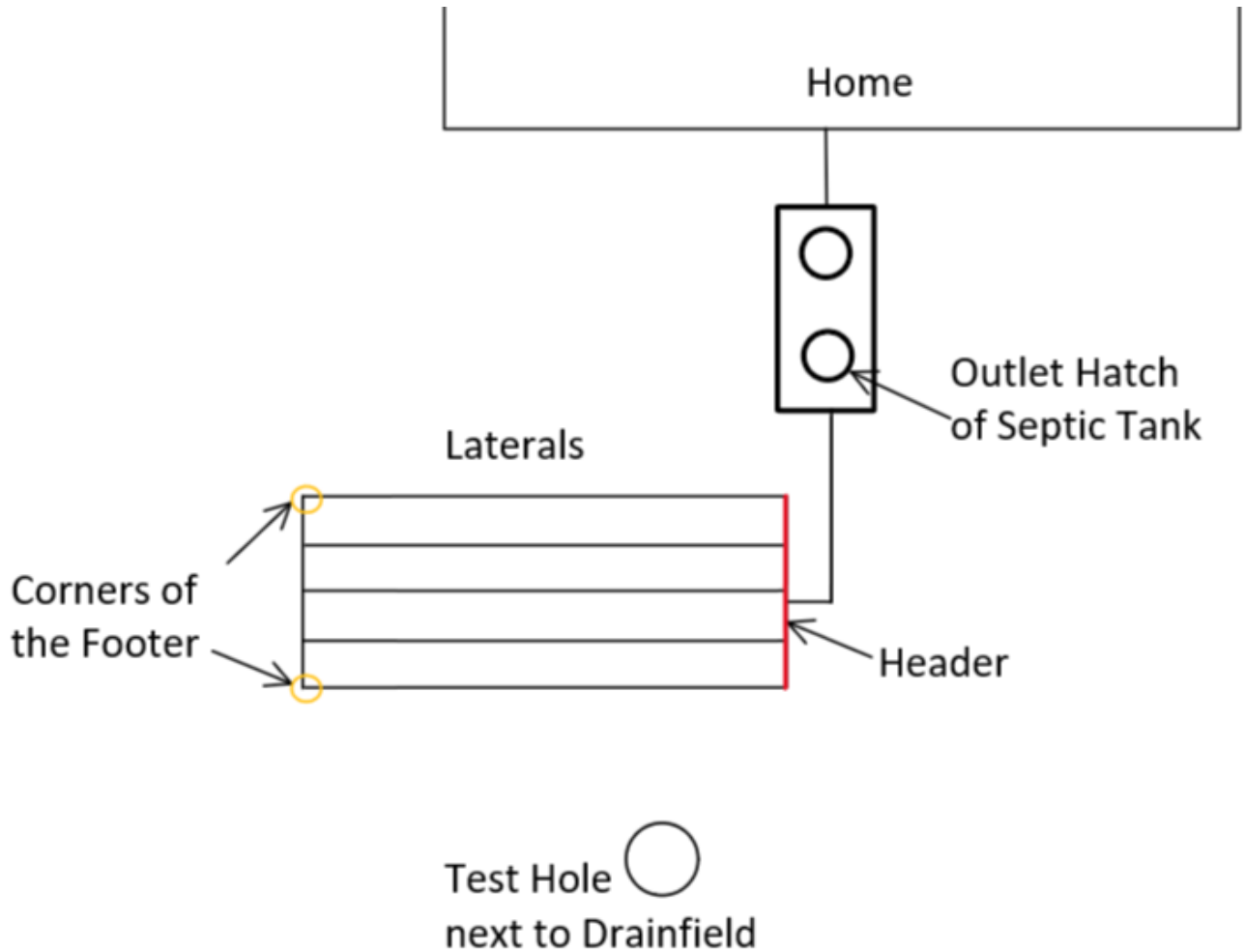
#### Water Supply System – Well Evaluations

The existing water supply system will be inspected for compliance with the Michigan Water Well Construction and Pump Installation Code, including evaluation of the location and construction of any pressure tanks. In addition, water samples will be collected for laboratory analysis of coliform bacteria and nitrates/nitrites.

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

## Site and Soil Evaluations

1. Provide a soil excavation with a minimum dimension of 2ft x 2ft to a depth of 3ft below the bottom of the absorption system adjacent to the existing OSTDS so that Environmental Health Staff can conduct an evaluation of on-site soils.
  - a. If system is a mound, dig test hole to a depth of 5ft below grade outside of berm and taper next to drainfield.
2. Uncover
  - a. Outlet hatch of septic tank
  - b. The entire length of the header
  - c. Both corners of the footer of the drainfield



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

Complete and/or check ALL applicable sections

**★ INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED ★**

Office Use Only	
Amount Paid:	
Date:	
Cash/Check/CC:	
Receipt #:	

**Evaluation for:**

- Septic Only (\$185)
- Well Only (\$220)
- Both (\$405)

**Purpose:**

- Mortgage
- Building Permit
- Other: \_\_\_\_\_

- File Review
- System Evaluation
- Site & Soils Evaluation
- Site Ready: \_\_\_\_\_

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

**Property Description:**

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

**Detailed Driving Directions to Property:**

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

**Site Information:**

# of Bedrooms – Now: \_\_\_\_\_ Projected Number: \_\_\_\_\_ Maximum number of occupants in home: \_\_\_\_\_  
 Garbage Grinder?  No  Yes, total \_\_\_\_\_ Grinder Pump?  No  Yes, location \_\_\_\_\_  
 Water Supply:  Municipal  Well (provide copy of well log)

**History**

Original permit holder: \_\_\_\_\_ (provide copy, if available)  
 Year Septic Was Installed: \_\_\_\_\_  Unknown Installed By: \_\_\_\_\_  Unknown  
 Last Tank Pumped Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Pumper: \_\_\_\_\_ (provide copy, if available)  
 Water Using Device Inventory:  Full Bathroom # \_\_\_\_\_  ¾ Bathroom # \_\_\_\_\_  ½ Bathroom # \_\_\_\_\_  
 Dishwasher  Clothes Washer  Water softener  Other Treatment: \_\_\_\_\_  
 Pool: Volume \_\_\_\_\_  Hot Tub/Jacuzzi: Volume \_\_\_\_\_  Oversized Bathtub: Volume \_\_\_\_\_

**Contact Information:**

<b>Owner:</b>	<b>Buyer/Agent:</b>
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:
Email:	Email:

**\*\*COMPLETE SITE PLAN ON REVERSE\*\***

**Applicant (Owner Agent):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*If you are not the current owner of the property then you must have the owner complete attached Letter of Authorization**

**Application Plot Plan**

Property Tax ID: _____ - _____ - _____ - _____ T: _____ R: _____ Section: _____
Owners Name: _____
Property Size: _____ (Dimension or Acreage)

**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.

**\*\*\*INCOMPLETE SITE PLANS WILL BE RETURNED\*\*\***

**NORTH**

**NOT TO SCALE**

Attached:

- Permit
- Final
- Previous Site Evaluation
- Pumping Record
- Well log
- Other: \_\_\_\_\_

# Septic Tank Pumping Record

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

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

Property Location: \_\_\_\_\_

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

**Conditions Noted Prior to Pumping:**

- Large masses of paper, plastic, or other foreign material observed:  Yes  No
- Scum layer:  Normal  Limited  Not present
- Liquid level at outlet:  Above  At  Below
- Baffle:  Good Condition  Missing  Damaged  Other

**Conditions Noted After Pumping:**

- Tank Joint Exists?  Yes  No Location: \_\_\_\_\_
- Tank joint appears water tight:  Yes  No  Uncertain

**Other Observations (check all that apply):**

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

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

- Material:**  Concrete  Steel  Fiberglass  Plastic (poly)  Other \_\_\_\_\_

**Septic Tank (2):** Size: \_\_\_\_\_ gallons  N/A

- Material:**  Concrete  Steel  Fiberglass  Plastic (poly)  Other \_\_\_\_\_

**Outlet Baffle:** Material:  PVC/ABS Plastic  Concrete  Other \_\_\_\_\_  None

Style:  Tee  Elbow  Cast in Place

Filter:  Yes  No If yes, condition \_\_\_\_\_

**Advanced Treatment:** Tank Pumped  Yes  No  N/A

**Comments:**

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Truck Operator: \_\_\_\_\_

Date of Pumping: \_\_\_\_\_

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

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

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

# LETTER OF AUTHORIZATION

## Property Identification:

T: \_\_\_\_\_ R: \_\_\_\_\_ E/W Section: \_\_\_\_\_ 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

\_\_\_\_\_  
Email

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