LMAS DISTRICT HEALTH DEPARTMENT

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Application for Commercial (Non-Residential) Onsite Sewage Disposal System Construction Permit

For systems other than single family residential and less than 10,000 gallons/day capacity

Evaluated under specifications contained in "Michigan Criteria for Subsurface Sewage Disposal" Michigan Department of Public Health, publication D-48, Rev. 4/94
and/or the Upper Peninsula Environmental Health Code

Site Evaluation only (complete Section I and submit a proposed site plan) Fee: $182.00

The following must be submitted to request a construction permit:

1. Completed Application
2. Soils evaluation report
3. Detailed site plan including a complete Sewage Disposal System design plan(s)
4. Application fee:

≤ 2,000 gallons/day:	$458.00;	Advanced Treatment $650.00
2,000 – 10,000 gallons/day:	$577.00	
Tank Replacement or Vault Privy:	$198.00	

Notes:

1. This application pertains only to the treatment and disposal of sanitary sewage which originates from items such as toilets, sink and laundry waste, bath water, etc. The treatment and disposal of wastes from industrial or commercial proposals such as laundromats, car washes, floor drains, brew/wine making, etc. requires a separate permit from EGLE. Systems with high BOD or other factors may need approval from EGLE.

2. A $26.00 fee is required for services requiring travel to an island.

3. Systems shall not be installed within 100 year floodplain, beneath buildings, underneath parking lots, roadways, or other impervious surfaces or within 10 feet of road right-of-ways.

4. A separate reserve area shall be identified for all new developments.

5. Tank replacement – demonstration of field performance required. If no permit on record, a complete existing facility evaluation may be needed.

6. The following isolation distances must be met:

Feature	Distance in Feet
Surface Water	100
Building Footings or Storm Drains	25
Property Lines	10
Building Foundations	15
Type I and Type IIa Water Supply Well	200
Type IIb and Type III Water Supply Well	75
Residential Well	50

7. Variance request must be submitted with this permit application. Review outcome may change the proposed design plan.

8. An evaluation of the soils at the property is required to properly size and design the Commercial Sewage Disposal System. A Registered Sanitarian or Professional Engineer in private practice may provide the soils information as part of this application.

   Alternatively, LMAS may evaluate the soils at the property provided the owner/applicant facilitates the arrangement of backhoe cuts to a depth of at least 6' *(min. of 2 cuts required)* for soils assessment and payment of a service fee.

9. Volume of sewage flows may be provided by site specific water meter usage or providing meter usage results from comparable facilities (including documentation on how facilities are comparable). See Appendix C of the Michigan Criteria for other determination recommendations.

10. A registered professional engineer or registered sanitarian in private practice is required to prepare construction plans for systems with flows of 2,000-10,000 gallons/day including systems with a sewage output less than 2,000 gallons/day. **This requirement may be waived at the discretion of the health officer for small systems with flows less than 2,000 gallons per day if project is not owned by a public works entity.**

    For systems exceeding 10,000 gallons/day, submit plans to Michigan Department of Environment, Great Lakes and Energy (EGLE) for review and approval.

    Systems with flows less than 1,000 gallons per day may be evaluated under the Upper Peninsula Environmental Health Code (UPEHC) for site suitability under 3-14.1. Alternative treatment systems approved under the UPEHC may be considered for installation of systems with flows less than 1,000 gallons per day.

11. Systems with sewage flows greater than 6,000 gallons/day require an EGLE groundwater discharge permit.

12. Other permits may be necessary for the proposed project. It is the owner/contractor's responsibility to ensure all required permits are in place. Examples: zoning, wetland/critical dunes, soil erosion, building, electric, mechanical, etc.

13. Additional information may be required following submission of application to determine proper system design and sizing.

Commercial (Non-Residential) On-Site Treatment and Disposal (OSTDS) System Application

Office Use Only	
Amount Paid:	
Date:	

I. PROJECT IDENTIFICATION

1. Type: ☐ Vacant Land ☐ Existing Development; ☐ New ☐ Replacement ☐ Additional
2. Establishment/Project Name: _____
3. Business Type (use): _____
4. Operation: ☐ Year-round ☐ Seasonal (From _____ To _____)
5. Type of Water Supply Service (circle one): Municipal Existing Well New Well (permit required)
6. Owner Name:_____ ☐ Primary contact

   Address: _____

   Phone: _____ Email: _____
7. Applicant (if different from owner**): _____ ☐ Primary contact

   ***Authorization required from owner*

   Company name: _____

   Address: _____

   Phone: _____ Email: _____
8. Property Information:

   T: ___ N R: ___ E/W Section: ___ Property Tax Id #: _____-_____-_____-_____-_____

   Subdivision/Site Condo: _____ Lot #: _____ Year Platted: _____ N/A ___

   Parcel Size: Width _____ Length _____ Acreage _____

   If parcel is less than one acre, was the parcel created after 7/28/1997? ☐ Yes* ☐ No

   *** STOP – compliance with EGLE land division required. Detailed development plan & site work shall be completed by any of the following: licensed professional engineer, professional surveyor, registered sanitarian, or knowledgeable professional experienced with land division. Submit all required information to LMAS with review fee of $426. Land division rules can be viewed at www.michigan.gov/egle**
9. Detailed directions to project site: _____

   _____

By signing below, I hereby certify that the information provided for this proposed project is complete and accurate. I understand that payment of the application fee does not guarantee approval. I further acknowledge that I am the property owner or acting as an authorized representative on behalf of the property owner. If a permit is issued as a result of this application, it will be considered property of the property owner. The services of a backhoe are necessary for the soil evaluation; I understand that I am responsible for coordinating and providing the service along with any other additional testing that may be needed. The applicant is responsible for contacting Miss Dig prior to service. Failure to have the site ready for the scheduled date may result in additional fees. Application fees are non-refundable upon initiation of any field activities.

Applicant's Signature: _____ Date: _____

II. CONSULTANT CERTIFICATION

1. Prepared by: _____ ☐ Primary contact
2. Registration number: _____
3. Firm: _____
4. Address: _____
5. Phone: _____ Email:_____
6. _____ _____

   Signature Date

III. SYSTEM DESIGN

1. Total volume of flow (gallons/day): _____

   Note: Volumes ≥ 2,000 gallons per day must be dosed

2. Basis for flow determination: ☐ Metered use; ☐ Comparable use; ☐ Fixture counts; ☐ Criteria Table; ☐ Criteria Appendix; ☐Other: _____
3. Loading rate: _____ gal./ ft^2/day

IV. SEPTIC TANK(S) Including Pump Tank(s)

1. Provide information on TANK(S) - *include spec sheets (if applicable)*

Tank(s)	T1	T2	T3	T4
Use				
Working Capacity				
# of Compartments				
Material				
Manufacturer				
Effluent Filter	Yes___ No ___ N/A __ Manufacturer: _____ Model #: _____	Yes___ No ___ N/A __ Manufacturer: _____ Model #: _____	Yes___ No ___ N/A __ Manufacturer: _____ Model #: _____	Yes___ No ___ N/A __ Manufacturer: _____ Model #: _____

Notes: a. Food Service Facilities: Septic tanks shall be designed to provide a min of 72 hours retention. Either multiple tanks or multiple compartment tank shall be used. The first tank or compartment shall have a min. capacity of approximately 2/3 the total volume. Alternatively, separate plumbing with a grease interception device for kitchen waste may be installed (documentation required) and septic tank capacity reduced to 24 hour retention time for a total wastewater flow. Grease interception devices shall be designed in accordance with State of Michigan regulations.

b. Risers to grade must be provided to each compartment of the tank(s). LMAS requires secondary security to preclude accidental tank entry. This shall be a dual lid system, leaving the concrete lid in place, or shall be equipped with other approved safety device.

V. EFFLUENT DOSING (REQUIRED IF FLOW ≥ 2000 GALLONS PER DAY)

Note: Total pipe volume must equal or exceed the dose volume.

Dose volume = _____ sewage flow (gpd) / 4 doses per day = _____ gal./dose

VI. PUMP SELECTION (If applicable)

Provide basis of pump selection such as a software printout

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 _____

e. Pump model _____

f. HP _____

g. 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?

VII. ABSORPTION SYSTEM

1. Type: ☐ Conventional ☐ Pressure Distribution ☐ Other: _____

2. ☐ Bed ☐ Trench (width: _____ft)

3. Amt. of Total Fill: _____ inches; **Amt. of Fill on Grade**: _____ inches; Fill Type: _____

4. Aggregate: Total Depth_____ (inches); Size: _____

   Note: Geotextile material required for aggregate cover

5. Linear feet of pipe: _____ Pipe material:_____

6. Pipe: diameter: _____ in. Volume: _____ gal./ft.

7. Pipe spacing: _____ feet on center

8. Effective seepage area: _____ (square feet)

9. Berm beyond the edge of stone: _____ ft.

10. Side slopes from berm edge: _____ on _____

11. Depth of earth cover: _____ (inches)

**For new construction, demonstrate location of designated replacement area on detailed design plan

Estimated Sewage Quantities

This information is necessary to ensure the system is designed for the intended need and peak use. Please fill out as many of the items below as possible. Not everything will apply to your particular site.

Type of establishment or business: _____

Number of Employees: _____/Shift Students: _____ Patients: _____

Normal Business Hours: _____ Total Hours per day: _____ Seasonal dates: _____

Total number of work shifts: _____ Total # of Bedspaces: _____; Max. Occupancy: ____

Square Footage of Proposed Building: _____

Total seating capacity: _____ Proposed meal periods per day: _____

INDICATE TOTAL NUMBER PLANNED FOR EACH APPLICABLE ITEM BELOW:

Apartment Units ……. _____
Hotel/Motel Units ……... _____
Classrooms …….. _____
Camp Sites …….. _____
Hair Styling Salon/Barber Shop Chairs …….. _____
Vehicles served per day (service stations)….. _____
Swimming Pools, Spa Pools, Whirlpools…… _____
Hospital, Clinic bed spaces ……. _____

INDICATE TOTAL NUMBER OF FIXTURES

Garbage Disposal/Grinder Units……. _____
Toilets/Water Closets…….. _____
Lavatories/Hand Sinks…… _____
Automatic Washing Machines…… _____
Bath Tubs/Shower Stalls……. _____
Urinals……. _____
Drinking Fountains…… _____
High Pressure Washing Equipment…… _____

FOR FOOD SERVICE ESTABLISHMENT ONLY
INDICATE TOTAL NUMBER OF FIXTURES:

Garbage Disposal/Grinder Units……. _____
Toilets/Water Closets…….. _____
Lavatories/Hand Sinks…… _____
Janitorial/Slop Sinks…….. _____
Automatic Washing Machines…… _____
Bath Tubs/Shower Stalls……. _____
Urinals……. _____
Ice Machines…….... _____
Fountain Pop Dispensers……. _____
Ice Cream Machines……Type_____ _____
Dipper Well……. _____
Ice Bins…… _____

Other: _____
_____

Will this facility generate liquid waste from other than toilets, sinks, baths or Laundry? Yes ___ No ___

If Yes, please explain: (Examples include: brew/wine making, fish waste, hazardous waste, etc.)

_____

Furnace condensate: Yes ___ No ____

Floor Drains: Yes ___ No ____

Water Treatment Devices: Yes ___ No ____