



## **Sewage Disposal System Permit Application**

### **Residential – Single/Two Family Dwelling**

#### **Step 1: Complete application**

*Carefully and accurately complete the application as instructed on reverse side of this page.*

#### **Step 2: Arrange for a backhoe**

*SCHD requires the use of a backhoe to make the cut(s) to evaluate the types of soils present. The sanitarian must be present to observe when the backhoe cut(s) for evaluation are made.*

#### **Step 3: Schedule Appointment**

*The sanitarian will hold your application until they are contacted by you or your contractor to set an appointment for the evaluation. The best time to call to set an appointment time is between 8–9:30 am, Monday – Friday.*

#### **Step 4: Soils Evaluation**

*A sanitarian, your contractor with the backhoe, and any interested parties will meet on-site at the scheduled time. The sanitarian will complete the soil evaluation and will provide information on the system requirement. The permit will be issued based on this evaluation.*

#### **Step 5: Permit Issued**

*The sanitarian will issue the permit needed to install your system. The permit is valid for two years and can be renewed for an additional year for a fee.*

#### **Step 6: Final Inspection**

*Your contractor will contact the sanitarian to schedule the final inspection for approval of your sewage disposal system.*

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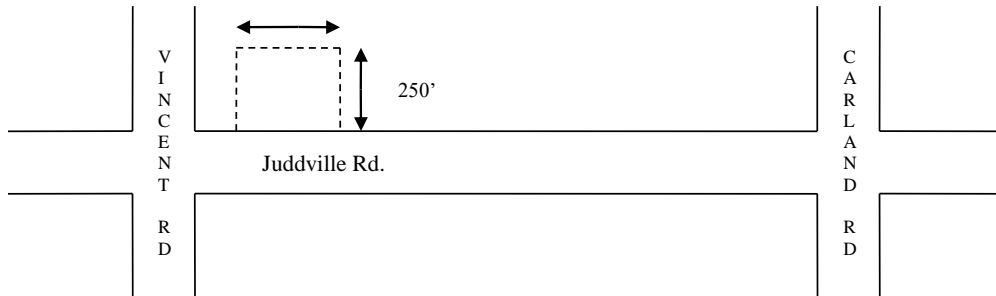
#### **Environmental Health Division**

201 N. Shiawassee St., Corunna, MI 48817 • Office 989.743.2390 • Fax 989.743.2413  
www.shiawasseechd.net

# Instructions

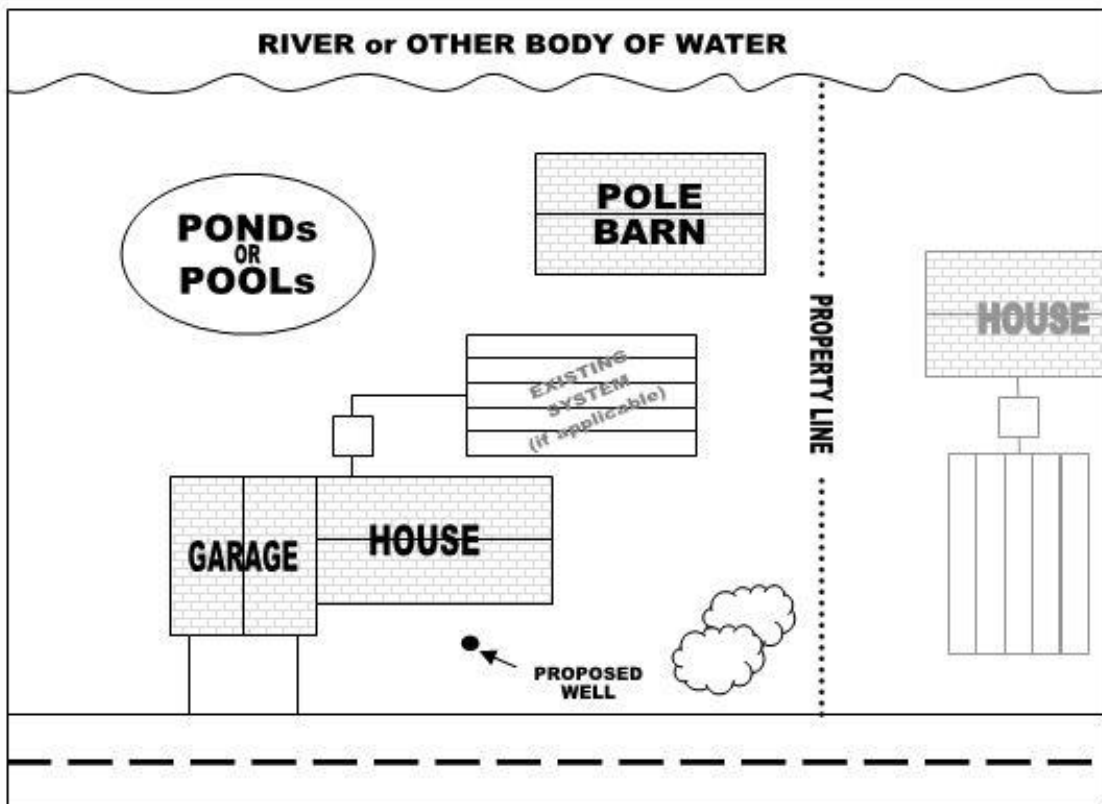
Section 1 & 2: Please complete all items in these sections.

Section 3: General location map – Please be accurate! Example:



Section 4: The application will not be processed until a backhoe appointment is arranged. The backhoe operator of your choice must contact the sanitarian to arrange such appointment. The best time to reach them by phone is between 8:00 – 9:30am, Monday through Friday.

Section 5: We must have an accurate scaled or dimensioned plot plan before the permit can be issued. Example:





201 N. Shiawassee St., 3<sup>rd</sup> Floor, Corunna, MI 48817  
 Phone: 989-743-2390 / Fax: 989-743-2413  
<http://health.shiawassee.net>

Application Number	
Receipt #	Amt. Pd.
Date Received	

## Application for Sewage Permit

### 1. General Information

House No. (If assigned) & Road Name	Township	Sec. No.	Tax/Property ID #	
Land Owner's Name	Mailing Address	City	State	Zip Code
Phone _____	Email _____			
Proposed or Current Occupant	Mailing Address	City	State	Zip Code
Phone _____	Email _____			

### 2. Type of Proposed Development

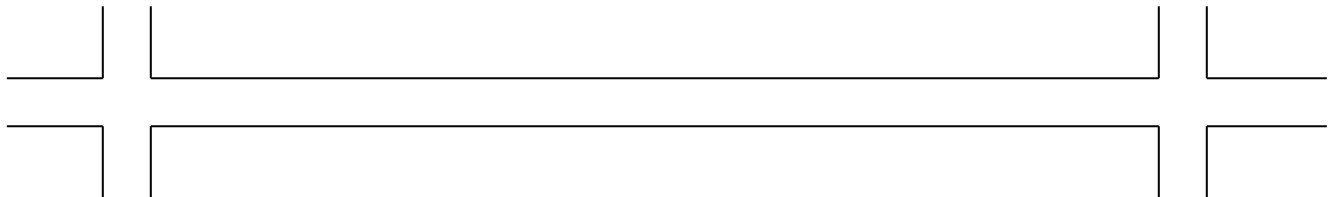
New  Existing  Type of Building \_\_\_\_\_  
 Example: **Single Family Home** (If duplex, requires 2 applications and 2 fees)

Number of Bedrooms \_\_\_\_\_ Garbage Disposal? Yes  No

Lot Dimensions \_\_\_\_\_ Subdivision Name \_\_\_\_\_ Lot No. \_\_\_\_\_

### 3. Description of Property Location

a. Consider this a one mile section. Give the name of the road your property is located on and the names of the nearest crossroads. Place an "X" to indicate your property location. Please indicate which direction is North.



b. My property is located on the North South East West side of \_\_\_\_\_ Road  
 \_\_\_\_\_ feet from the intersection of \_\_\_\_\_ Road and \_\_\_\_\_ Road.

4. It is the responsibility of the backhoe operator to set up the soil evaluation appointment with the Sanitarian. They should call between 8:00 and 9:30 A. M.

### 5. Plot Plan Drawing on Next Page (Must include the following information):

Lot Size, North Arrow, Fronting Roads, Proposed Grade Changes, Any Easements, Building Location, Water Well Location, Sewage System, Water Well and Sewage Systems – Adjoining Properties, and Lake, River, County Drain within 100 Feet of your Property, Driveway and Utility Lines (Gas, Electric and Phone).

**Prior to any Digging – Call Miss Dig 1-800-482-7171**

Signature of Owner - Applicant - or Authorized Agent	Date		
Mailing Address: _____			
Home or Business Address	City	State	Zip Code
Phone Number _____	Email _____		

**Application Must be Signed to be Valid**

Permit Denied [ ] Explained Deviation Process to Owner [ ]

Issue Permit [ ]

Date of Site Visit: \_\_\_\_\_

Names of Those in Attendance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Boring #1

Boring #2

Boring #3

Size of Tank \_\_\_\_\_ Gallon Tank

Drainfield \_\_\_\_\_ Ln Ft. \_\_\_\_\_ " Wide Tr. \_\_\_\_\_ O.C.

OR \_\_\_\_\_ Ln Ft. \_\_\_\_\_ " Wide Tr. \_\_\_\_\_ O.C.

Special Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

O & M (Repair System)

6. Plot Plan Drawing – Must include the following

Lot Size, North Arrow, Fronting Roads, Proposed Grade Changes, Any Easements, Building Location, Water Well Location, Sewage System Water Well and Sewage Systems – Adjoining Properties, any Lake, River, Well Isolation 50 Ft. from Septic System, Driveway and Utility Lines (Gas, Electric and Phone).



\_\_\_\_\_ Road Name

\_\_\_\_\_ Township

\_\_\_\_\_ Section No.

\_\_\_\_\_ Signature of Owner or Applicant

\_\_\_\_\_ Date

Scaled Plot Plan for Sewage Permit No. \_\_\_\_\_