

SHIAWASSEE COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Surbeck Building 201 N. Shiawassee Street

CORUNNA, MICHIGAN 48817

PHONE: (989) 743-2390 FAX: (989) 743-2413

Web Address: <http://health.shiawassee.net>

LARRY JOHNSON, R.S., M.S.
Director/Health Officer
Environmental Health Director

DENNIS CHERNIN, M.D., M.P.H.
Medical Director

Application for Commercial Sewage Permit

This application is for a “Commercial Sewage Permit”. If you are applying for a single or two family dwelling a different application will be necessary.

Instructions for Commercial Sewage Permit:

Step 1

Application

Complete the attached application as accurately as possible and submit with payment to the Environmental Health Division of the Shiawassee County Health Department.

Step 2

Backhoe

Make arrangements to have a backhoe present at the time of the evaluation with the Sanitarian. A backhoe will allow this department to accurately locate and determine the types of soils present.

A list of registered contractors is available upon request.

Step 3

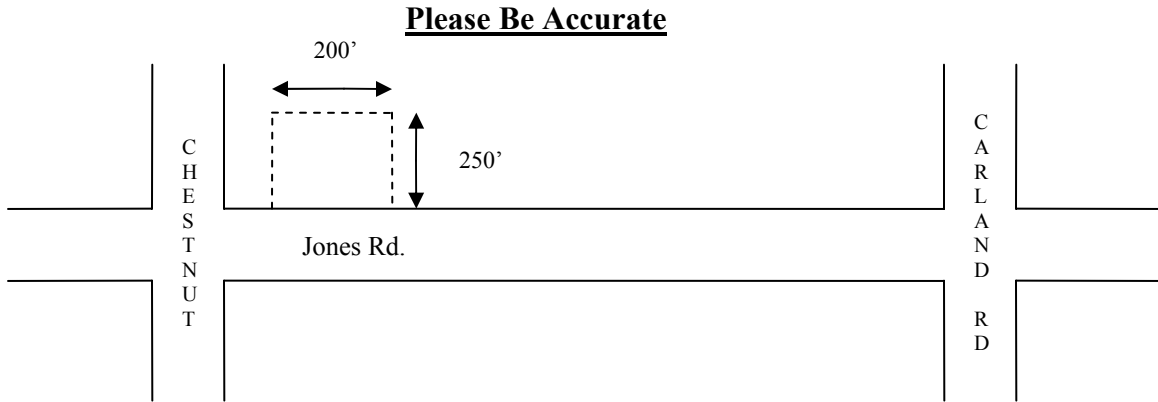
The application will not be processed further until we are contacted by a contractor of your choice to set an appointment for the evaluation of the soils. After the evaluation, the Sanitarian will issue your permit.

The best time for the contractor (or homeowner) to call to set an appointment with the Sanitarian is between 8:00 and 9:30 am, Monday – Friday.

Instructions

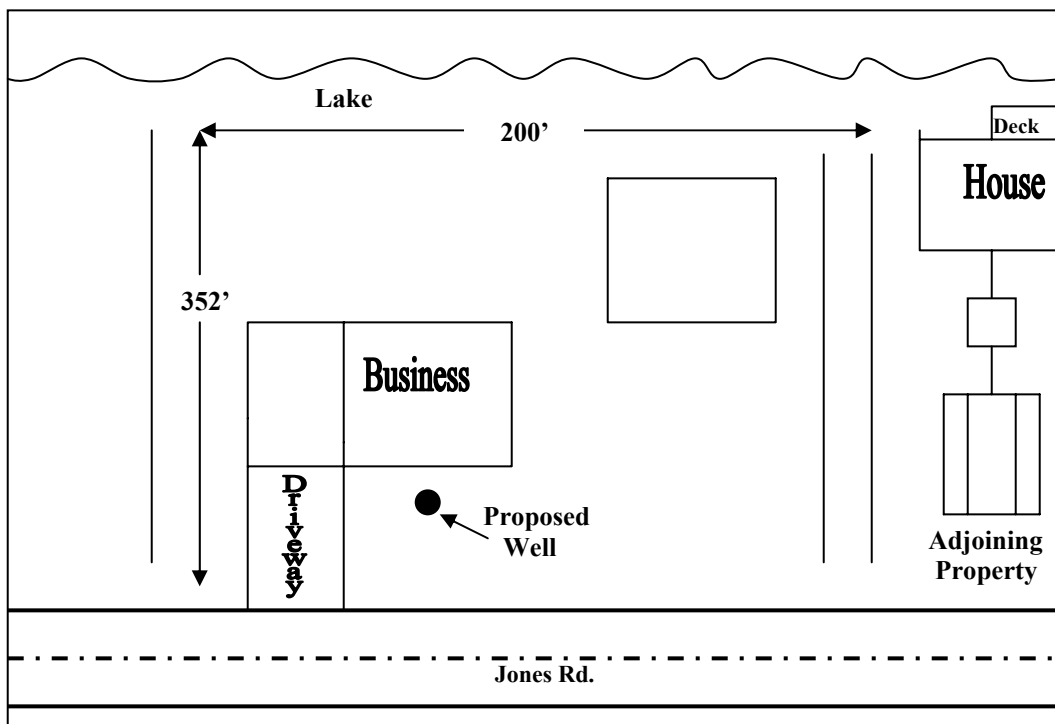
- & 2. Complete all items in these sections
- General location map – (Sample of how to answer #3)

The following is an example of how to answer Item #3 on the application



- Complete the drawing in the same manner as example above
 - Please fill out completely
- 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 and 9:30 A.M., Monday through Friday.
 - We must have an accurate scaled or dimensioned plot plan before the permit can be issued.

Example of how to answer #5





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Web Address: http://health.shiawassee.net

Application Number
Receipt # Amt. Pd.
Date Received

Serving You, Your Family & Our Community

Commercial Sewage Application

1. General Information

Business No. - If assigned - Road Name
Township
Section No.
Land Owner's Name
Mailing Address City State Zip Code
Home Phone Number Work Phone Number
Applicant's Name
Mailing Address City State Zip Code
Home Phone Number Work Phone Number

2. Type of Proposed Development

New [] Existing [] Type of Operation
Estimated Water Usage Gal./Day How Determined
Number of Toilets Urinals Hand washing Sinks Showers Baths
Number of Shifts Number of Employees/Shift Maximum Number of Patrons
Number of Floor Drains Garbage Disposal Yes [] No []
Types of Chemicals or Solvents Used
Other:

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.

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

Application Must be Signed to be Valid

5. Plot Plan Drawing – Must include the following

Lot Size, North Arrow, Fronting Roads, Proposed Grand Changes, Any Easements, Building Location, Water Well Location, Sewage System Water Well and Sewage Systems – Adjoining Properties, any Lake, River, Well Isolation 75 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. _____