

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>

GEORGE J. PICHETTE, J.D.
Director/Health Officer
DENNIS CHERNIN, M.D., M.P.H.
Medical Director

LARRY JOHNSON, R.S., M.S.
Director of Environmental Health
<http://health.shiawassee.net/ehdirect.html>

Instructions: for filing an “Application for Sewage Disposal System Construction Permit”

Note: Contact this department if the sewage system is for anything other than a single or two family dwelling.

Step 1 --- **Application** Attached is an application for the Sewage Disposal System Construction Permit. Carefully and accurately complete the application as per instructions on reverse side of this page.

Step 2 --- **Backhoe** Make arrangements to have a backhoe present at the time of the inspection. A backhoe will allow this department to accurately locate and determine the types of soils present. When the soil is evaluated, the Sanitarian **must be present** to observe the soils being removed.

A list of registered contractors is available upon request.

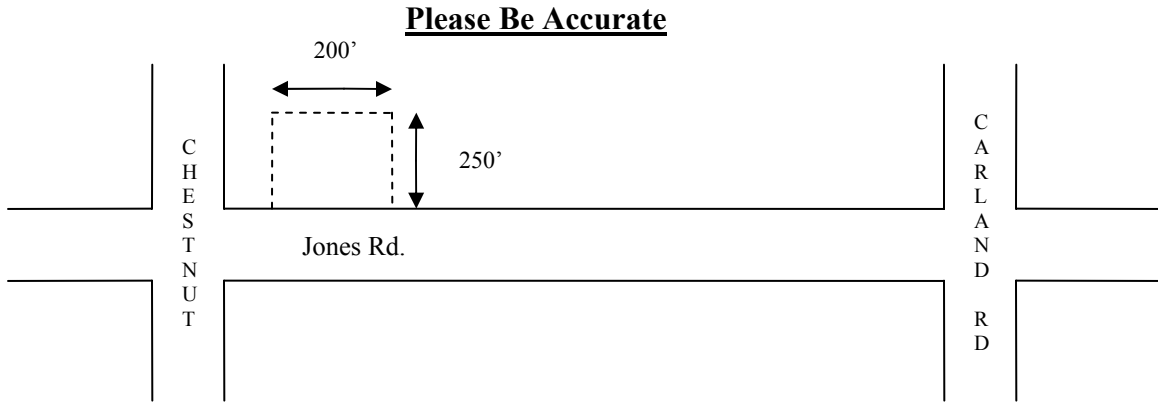
Step 3 --- The application will not be processed further until we are contacted by a contractor of your choice to set an appointment for evaluation of the soils.

The best time for the contractor to call to set an appointment time is between 8:00 and 9:30 A.M., Monday through Friday.

Instructions

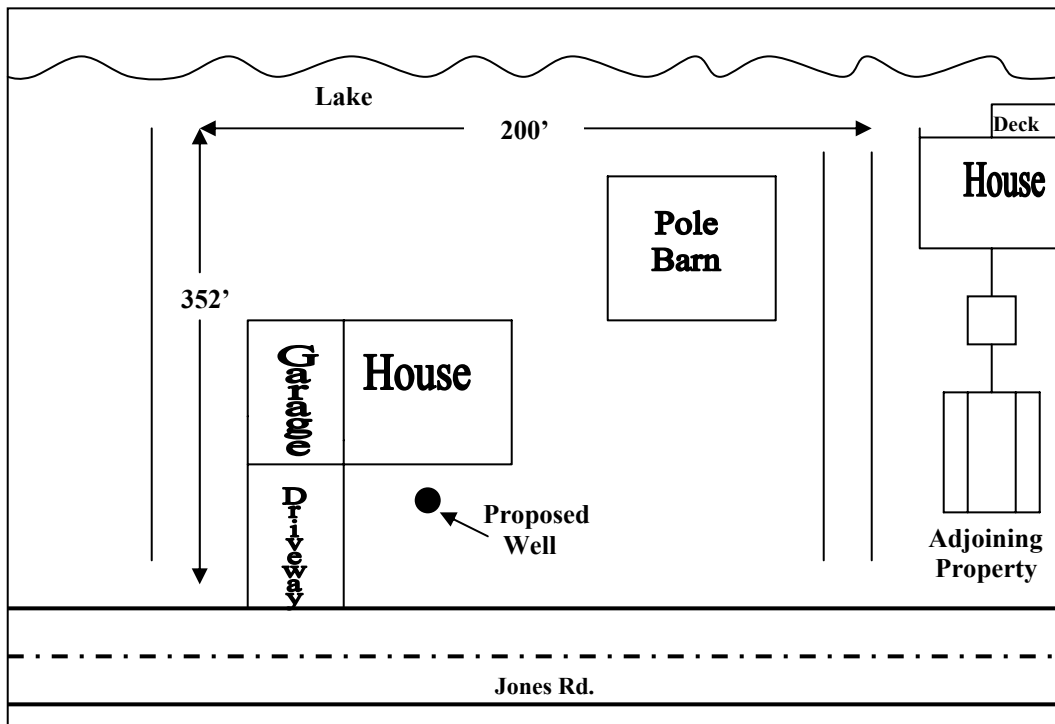
- & 2. Complete all items in these sections
- General location map – (Sample of how to answer #3)

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





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

Application Number
Receipt # Amt. Pd.
Date Received

Serving You, Your Family & Our Community

Application for Sewage Permit

1. General Information

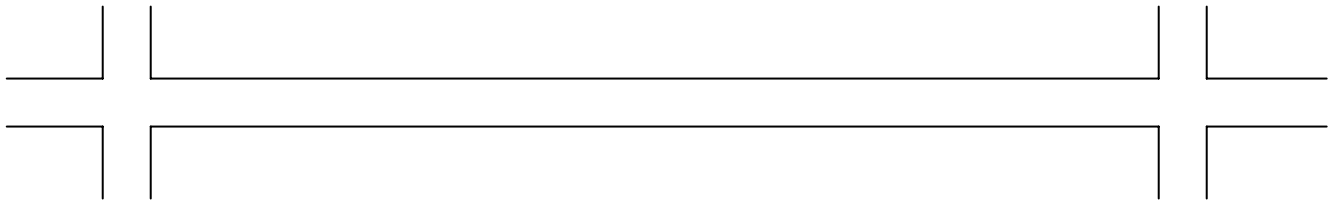
House No. - If assigned - Road Name Township Section No.
Land Owner's Name Mailing Address City State Zip Code
Home Phone Number Work Phone Number
Proposed or Current Occupant Mailing Address City State Zip Code
Home Phone Number Work Phone Number

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

Application Must be Signed to be Valid

6. 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 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. _____