

Environmental Health Division

220 Fort Street, Port Huron, MI 48060 Office: (810) 987-5306 Fax: (810) 985-5533 environmentalhealth@stclaircounty.org

Website: www.scchealth.co/EH

PROCEDURE FOR SUBMITTING A SITE EVALUATION REQUEST (ONS-SITE WATER SUPPLY AND /OR SEWAGE DISPOSAL)

Submit a fully completed application for a site evaluation, a legal description, along with an accurate site plan indicating the area to be evaluated. A separate application form must be submitted for each building site. Each application must include payment of **\$225 per parcel**. Make checks payable to: **SCCHD**.

NOTE: Where the lot size is less than one acre, the rules and guidelines of the Michigan Department of Environmental Quality for subdivisions and site condominiums apply. For those divisions which equal or exceed one acre, the site suitability provisions of the St. Clair County Environmental Health Code will apply.

After submitting the request, contact the area sanitarian at (810) 987-5306 between the hours of 8 a.m. and 10 a.m. to arrange an appointment for when the soil borings can be dug. The applicant is responsible for having a backhoe available to conduct the required soil borings. There are normally three separate borings done for each proposed land division. **Before** the appointment time, it is important for the applicant to locate and mark the property lines (with stakes at the road) between any proposed split and the adjoining properties. Generally, the water supply evaluation will consist of a review of area well logs to determine availability.

Before any construction begins, the applicant must apply and submit payment for the required sewage disposal and / or water well permits.

CHECKLIST FOR SUBMITTING SITE EVALUATION REQUEST

- 1. Request form completed
- 2. Legal description attached
- 3. Accurate site plan attached
- 4. Appropriate fee included

Only complete applications will be accepted. Applications not containing all required information will be returned to the applicant. If a site evaluation is being proposed prior to the division of acreage, please contact the area sanitarian for further information before submitting the application.

ON-SITE WATER SUPPLY AND / OR SOILS EVALUATION

Applicant:	Addres	SS:
City / State / Zip:	To	elephone:
Email Address:		
LOCATION OF PROPER	TY:	
Road:	Township:	Section number:
Number of Proposed Parc	els (if applicable):	_ Total Acreage of Parent Parcel:
Property Tax ID Number:	74	
Parcel / Lot Number:	Acreage: D	imensions:
Nature of Intended Use:		Two-FamilyCommercial
	Other (Specily)	
Signature:		Date:
This evaluation is for of gallons per ON-SITE WATER SUP () A review of () A review of area was problem-free water supply department that an approximate of the variable ground problem-free water supply department that an approximate of the variable ground problem-free water supply department that an approximate of the variable ground problem-free water supply department that an approximate of the variable ground problem-free water supply department that an approximate of the variable ground gr	sed on a standard three be a commercial developme day LY EVALUATION: area well logs indicates well logs indicates well logs indicates difficult dwater conditions in St. Cov/well in regards to water wed well be installed prior	edroom residential house nt with an estimated wastewater flow s an average yield of gallons per minute ulty in obtaining an adequate approved water supply clair County, the above evaluation does not guarantee a r quality and / or quantity. It is the recommendation of this to any construction.
ON-SITE SOILS:	() Acceptable	() Unacceptable
TYPE OF SEWAGE SY	STEM REQUIRED:	() Conventional-raised mound () Engineered
COMMENTS:		
Authorized by: St. Clair	County Health Department Envi	ronmental Sanitarian
FOR LOCAL HEALTH DEPA	ARTMENT OFFICE USE ON	LY:
		Cash () Check # () Visa () Mastercard () Discove
Date FEE	Neceipi # () C	() VISA () IVIASIEICAIU () DISCOVEI