



ST. CLAIR COUNTY HEALTH DEPARTMENT



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

RESIDENTIAL SEWAGE DISPOSAL PERMIT APPLICATION

- **APPLICANT / SIGNATURE MUST BE AN INDIVIDUAL AND ONE OF THE FOLLOWING:**
 - Owner of the property, if owner is the one developing the property
 - Purchaser of the property, if this is to be the person developing the property
 - Permits will be issued to the APPLICANT ONLY
 - **Designated Agent Form** required if anyone other than the Applicant signs the application
- **SUBMIT THE FOLLOWING:**
 - Property address or road location with distance from nearest intersection
 - Detailed plot plan on a separate sheet of paper (*See example on the back of this sheet*)
 - Property Tax I.D. number and legal description of the property
- **AFTER APPLICATION IS COMPLETED:**
 - **Email / return with all required information**
 - **Permit fee of \$300 payable via cash, check, online, or over phone with credit card (fees apply)**

AFTER SUBMITTING APPLICATION:

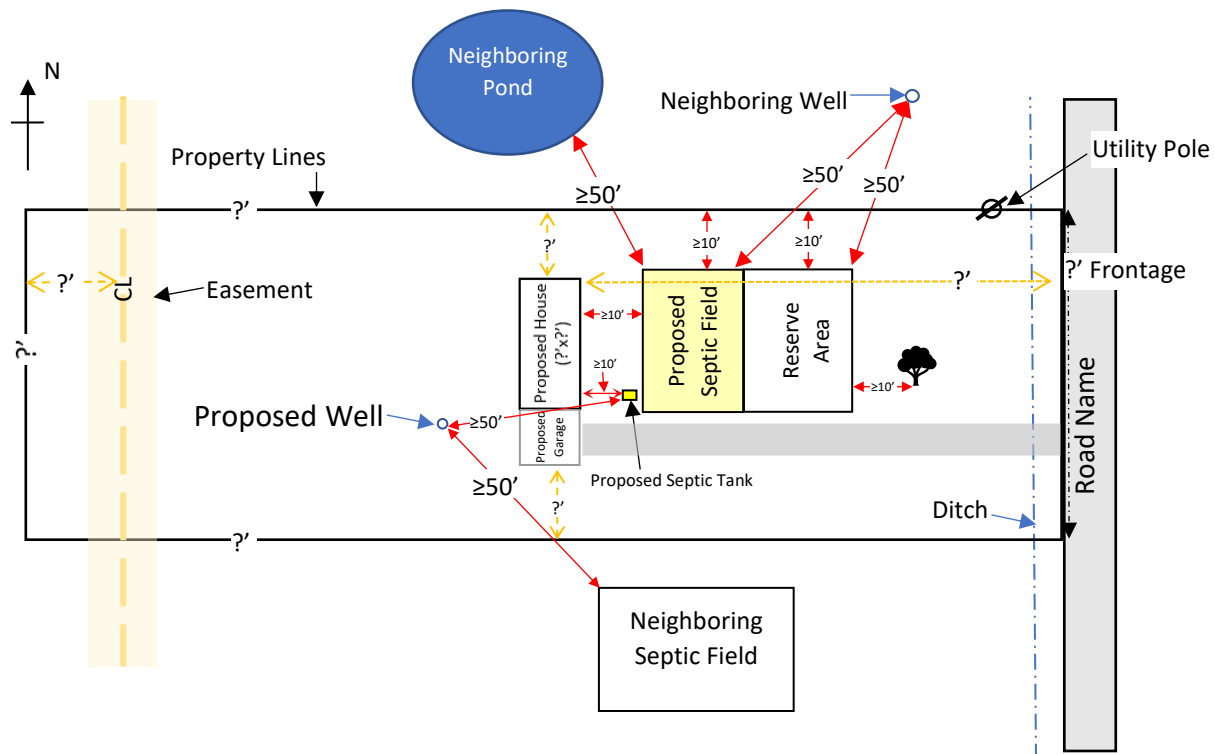
- Arrange an appointment with your area sanitarian at (810) 987-5306, Monday through Friday between the hours of 8 a.m. - 10:00 a.m.
- Due to heavy clay soils, most soil borings will need to be done by a backhoe. In some cases, (with sanitarian approval), holes may be dug with a post-hole digger or similar device. **POWER AUGERS ARE NOT ACCEPTABLE**
- In those cases that soil borings are not done by a backhoe, then a minimum of two soil borings, 50 feet apart, shall be dug and are to be a minimum of four inches in diameter. Borings are to be at least four feet deep and placed on opposite ends of the proposed disposal field area. **It is the responsibility of the applicant to assure that there are no underground utilities in the vicinity**
- The soil is to be laid out in the sequence it is removed from the holes
- Property lines shall be staked out along the road frontage

ATTENTION APPLICANT: Installation of sewage treatment systems between December 1st and March 1st, is PROHIBITED without prior approval from the Health Department. Installing a sewage disposal system when the ground is wet or frozen can shorten the life expectancy of the system and result in failure sooner than if installation occurred during favorable conditions.

- A. Show location of any existing construction such as buildings, wells, or sewage disposal facilities which are on the property, or adjoining lands.
- B. Show location of all proposed construction such as buildings, driveways, wells, and sewage disposal systems.
- C. Indicate any easements – lakes, ponds, drains, utility lines, etc.
- D. Indicate distances between wells and septic tanks, disposal fields, property lines, water courses, streams, rivers, lakes, drop-offs, etc., on property AND neighboring property.
- E. Your plot plan drawing should resemble the example shown below.

MINIMUM REQUIREMENTS		
ISOLATION FROM	SEPTIC TANK	DISPOSAL FIELD
Property Line or roadside ditch	10'	10'
Building Foundation	10'	10'
Deep Well Supply*	50'	50'
Lake, Stream	50'	50'
Bank or Drop-Off	10'	25'
Trees	5'	10'

* Wells less than 25' in depth will require further isolation. Wells serving more than one dwelling and commercial buildings may require further isolation.



Date _____
Amount _____
Receipt _____
Permit # _____

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APPLICATION TO INSTALL SEWAGE DISPOSAL FACILITIES FOR SINGLE FAMILY OR DUPLEX DWELLING ONLY

PROPERTY TAX I.D.# **74** - ____ - ____ - ____ - ____ TOWNSHIP _____

PROPERTY LOCATION _____
Street number (if available) _____ Street name _____

NEAREST CROSSROAD () N () S () E () W of _____ SECTION # _____

APPLICANT _____ ADDRESS _____

CITY, STATE, ZIP _____ PHONE _____

EMAIL ADDRESS _____

PROPERTY OWNER _____ ADDRESS _____

CITY, STATE, ZIP _____ PHONE _____

Subdivision _____ Lot/Parcel No. _____ Lot size (acres) _____ House sq. footage _____

Dwelling Type: Single () or Duplex () # of Bedrooms _____ # of Occupants _____ # of Bathrooms _____

New Construction () Existing Replacement System () Nuisance Abatement () Tank Only ()

Water Supply: Municipal () Private Well () Well shall comply to the requirements of Part 127 of Act 368 P.A. 1978, as amended.

SIGNATURE OF APPLICANT _____ **DATE** _____

THIS PERMIT IS NOT TRANSFERABLE TO ANOTHER PERSON OR PROPERTY

HEALTH DEPARTMENT USE ONLY

Septic tank(s) _____ Capacity _____ Effluent filter: Required () Pump specifications attached ()

Standard Absorption Trenches: _____ lineal ft. of 24" trenches _____ (minimum 6' centers)

Stone Absorption Bed: _____ sq. ft. (_____ x _____) No. _____ Tile lines _____ ft. long (on 4 ft. centers)

1. Applicant must understand all permit instructions (see reverse and approved site plan) and diagrams before installation.
2. Invert (bottom of tile) is established at: _____
3. Remove _____ material in an area _____ x _____. **Loosen underlying soil to ~6" deep. DO NOT COMPACT!**
 - a) Replace with _____ inches of approved medium coarse sand in the _____ x _____ area.
 - b) Replace with approved medium coarse sand to 6 inches above benchmark in the _____ x _____ area.
4. Bank the disposal field (slope) with sand / loam at a 4 to 1 slope. **(No clay allowed).**
5. Call for inspection of sand fill quality and depth. **DO NOT PROCEED UNTIL APPROVED.**
6. Install stone and tile. Cover with a minimum of 2 inches of straw.
7. Notify Health Department for final inspection of system. **DO NOT BACKFILL UNTIL APPROVED.**
8. Final cover shall be 8-12 inches of loamy topsoil **(no clay)**. Seed and mulch the entire field area.
9. Finish grade shall allow for proper surface water runoff. Suggest surface water diversion/ditching and the use of water saving devices (toilets, showers, faucets, etc.). Divert downspouts/gutters away from septic field area.
10. Call for additional requirements if a garbage disposal, spa or any other intensive water use device is to be installed.
11. Tile invert ~ _____ inches above original grade; ~ _____ inches approved medium coarse sand fill required.

ADDITIONAL REQUIREMENTS/COMMENTS: _____

THIS PERMIT NO. _____, is hereby granted to _____, subject to conditions stated herein and for installation requested to be constructed in accordance with approved plans attached hereto.

PERMIT ISSUED ON _____, 20____. VOID AFTER _____, 20____. BY: _____

IMPORTANT INFORMATION – PLEASE READ CAREFULLY

1. Location of the septic tank, sewage disposal system, or construction details and specifications shown in the application and plans as approved, shall **not** be altered without WRITTEN APPROVAL OF THE HEALTH DEPARTMENT.
2. Notify Health Department for inspection of system. **DO NOT BACKFILL UNTIL APPROVED.**
3. Assure that the house plumbing is set high enough to gravity drain to the specified tile field invert elevation and location, or a pump system will be necessary.
4. If you or your agents have any questions regarding this permit, contact the area sanitarian before you commence construction.

Seasonal / Weather Restrictions on Construction

Installing a sewage disposal system when the ground is wet or frozen can shorten the life expectancy of the system and result in failure sooner than if installation occurred during favorable weather conditions. Never begin construction unless the existing topsoil is dry, otherwise damage to the natural soil structure will occur. Installation of sewage systems between the dates of December 1 and March 1 is restricted.

Notice to Applicant or Owner

The St. Clair County Health Department makes no warranty or guarantee that subsurface sewage disposal systems constructed in accordance with a suggested design or a system inspected and found to be in conformity with applicable regulations will function satisfactorily. A permit and/or subsequent inspections are only intended to insure compliance with the regulations and do not constitute any assurance that proper operation will result.

Maintenance

Have the septic tank pumped out to remove sludge accumulations at 3-4 year intervals; doing so faithfully can prevent premature failure of your tile field.

Legibly Marked Septic Tanks

The Environmental Health Code requires that septic tanks be legibly marked with the tank's liquid capacity.

Construction Practices

1. Use care and "common sense" when installing the disposal system to protect the soil's natural absorption properties by preventing soil compaction or smearing, and sealing off of the annular space between each individual soil particle through which water "percolates" away. As much as possible, keep equipment and vehicles off the tile field area before and during construction.
2. Be sure all exposed stone in the absorption field is completely covered with hay, straw, untreated building paper, newsprint, etc., to prevent infiltration of soil into the void spaces between the stones when backfilling. Clogged void spaces between the stone prevent proper aerobic decomposition of sewage.
3. The septic tank / drain field shall not be installed in easements.

Permit Renewal

This permit is valid for two years and is null and void after this twenty four month period. You may renew the permit for a one year (twelve month) period, provided you apply and pay for the renewal before the expiration (void date) of the current permit. The Environmental Health Code requires that persons who have expired permits that have not been renewed must file a new permit application, pay applicable fees, and shall meet current code requirements.

Other Governmental Regulations

This permit is permissive and its issuance does not convey any rights or exclusive privileges, nor does it authorize any infringement of other applicable laws or regulations from other units of government, and it does not relieve the permit holder from obtaining other required permits. **Specifically, it is the applicant's responsibility to contact the Michigan Department of Environment, Great Lakes, and Energy (EGLE) regarding any possible regulated wetlands and/or floodplains on the property prior to beginning any construction.**



St. Clair County Soil Erosion and Sedimentation Control Permit

A Soil Erosion and Sedimentation Control permit is necessary for an earth change which disturbs one or more acres of land, OR occurs within 500' of a lake, river, stream, drain or other water body.

An “earth change” is described as being a man-made change in the natural cover or topography of land, including cut and fill activities, which may result in or contribute to soil erosion or sedimentation of the waters of the state.

A “stream” is a river, stream, or creek which may or may not be serving as a drain, and which has definite banks, a bed and visible evidence of a continued flow or continued recurrence of water, including the connecting waters of the Great Lakes.

Sediment is the product of uncontrolled erosion and is the greatest pollutant by volume entering our rivers and streams every year. Erosion and sedimentation result in the loss of fertile topsoil, increased flooding, destruction of aquatic habitats, filling of lakes and rivers, and structural damage to buildings and roads. Construction is one of the major causes of erosion.

The applicant must submit an application that provides specific information such as the name of the on-site responsible person, location and size of the earth change, description of the earth change and projected starting and ending dates. The soil erosion and sedimentation control plan shall be reviewed and approved by the St. Clair County Health Department.



Upon receipt of your permit fee, completed application, site plan and schedule of construction, an Environmental Health Sanitarian will conduct a site inspection. Your site will be inspected throughout the term of your permit to ensure compliance with Part 91.

At the end of the permit term, a final inspection will be performed to determine if the site has been permanently stabilized or if the permit needs to be renewed.

To obtain an application for a soil erosion permit, contact:

**St. Clair County Health Department
Division of Environmental Health
220 Fort Street
Port Huron, MI 48060
(810) 987-5306**

Please note: Permit fees are subject to change.





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DESIGNATED AGENT FORM

As landowner of property indicated below, please accept this signed authorization as written permission for my "Designated Agent" to sign application and secure a Permit in my name

Property Address _____
City / Township _____

Owner Name _____
Address _____
City, State, Zip _____

Designated Agent _____
Address _____
City, State, Zip _____

Owner Signature _____
Date _____

