



ST. CLAIR COUNTY HEALTH DEPARTMENT



Our Community. Our Environment.

Environmental Health Division

3415 28th Street Port Huron MI 48060

Office: (810) 987-5306 / Fax: (810) 985-5533

environmentalhealth@stclaircounty.org

PROCEDURE FOR SUBMITTING A SITE EVALUATION REQUEST (ON-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 **\$200 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 8:00 AM and 10:00 AM 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: _____ Address: _____

City / State / Zip: _____ Telephone: _____

Email address: _____

LOCATION OF PROPERTY:

Road: _____ Township: _____ Section number: _____

Number of Proposed Parcels (if applicable): _____ Total Acreage of Parent Parcel: _____

Property Tax ID Number: **74** - _____ - _____ - _____ - _____

Parcel / Lot Number: _____ Acreage: _____ Dimensions: _____

Nature of Intended Use: _____ Single Family _____ Two-Family _____ Commercial

_____ Other (Specify): _____

Signature: _____ Date: _____

HEALTH DEPARTMENT USE ONLY:

- This evaluation is based on a standard three bedroom residential house
- This evaluation is for a commercial development with an estimated wastewater flow of _____ gallons per day

ON-SITE WATER SUPPLY EVALUATION:

- () A review of _____ area well logs indicates an average yield of _____ gallons per minute
- () A review of area well logs indicates difficulty in obtaining a adequate approved water supply

Due to the variable groundwater conditions in St. Clair County, the above evaluation does not guarantee a problem-free water supply / well in regards to water quality and / or quantity. It is the recommendation of this department that an approved well be installed prior to any construction.

ON-SITE SOILS: () Acceptable () Unacceptable

TYPE OF SEWAGE SYSTEM REQUIRED: () Conventional-raised mound () Engineered

COMMENTS: _____

Authorized by: _____ **Date:** _____
St. Clair County Health Department Environmental Sanitarian

FOR LOCAL HEALTH DEPARTMENT OFFICE USE ONLY:

Date: _____ Fee: _____ Receipt #: _____ () Cash () Check # _____ () Visa () MasterCard () Discover Initials: _____