



## ST. CLAIR COUNTY HEALTH DEPARTMENT

Environmental Health Division  
3415 – 28<sup>th</sup> Street, Port Huron, MI 48060  
(810) 987-5306 / Fax: (810) 985-5533  
environmentalhealth@stclaircounty.org



### INSTRUCTIONS FOR SUBMITTING A RESIDENTIAL SEWAGE DISPOSAL PERMIT APPLICATION

***Permits will be processed only when ALL required information is provided. The following MUST be submitted:***

- ▷ Property address or road location with distance from nearest intersection.  
**IT IS IMPORTANT THAT THE SANITARIAN HAVE THE EXACT LOCATION OF THE PROPERTY.**
- ▷ Complete and sign the application.
- ▷ A detailed plot plan on a separate sheet of paper. (See example on the back of this sheet)
- ▷ Copy of legal description of the property. **Also provide Tax I.D. Number.** A survey may be required.
- ▷ All proper names are to be placed in designated lines. ***For definition of names, note the following:***
  - a. OWNER: Shall be property owner of record at the time application is filed.
  - b. **APPLICANT:** Shall be one of the following:
    - Same as owner if that person is the one developing the property.
    - The purchaser of the property, if this is to be the person developing the property.
    - **Applicant must be an individual, not a company or business.**
- ▷ **APPLICATION SIGNATURES:**
  - a. The applicant shall sign the application.
  - b. An agent may sign only if written authorization (designated agent form) from the applicant accompanies application.
- ▷ After application is completed, return it with all required information and the proper fee.  
*Make checks payable to: **ST. CLAIR COUNTY HEALTH DEPARTMENT, for \$300.00***

ATTENTION APPLICANT: Installation of sewage systems between December 1 and March 1, 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.

### **AFTER SUBMITTING APPLICATION:**



- ▷ **CONTACT THE AREA SANITARIAN BEFORE THE SOIL BORINGS ARE DONE.**  
**Arrange appointments with your area sanitarian at (810) 987-5306, Monday through Friday between 8 A.M. – 10:00 A.M.**
- ▷ Due to heavy clay soil, 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; however, **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.

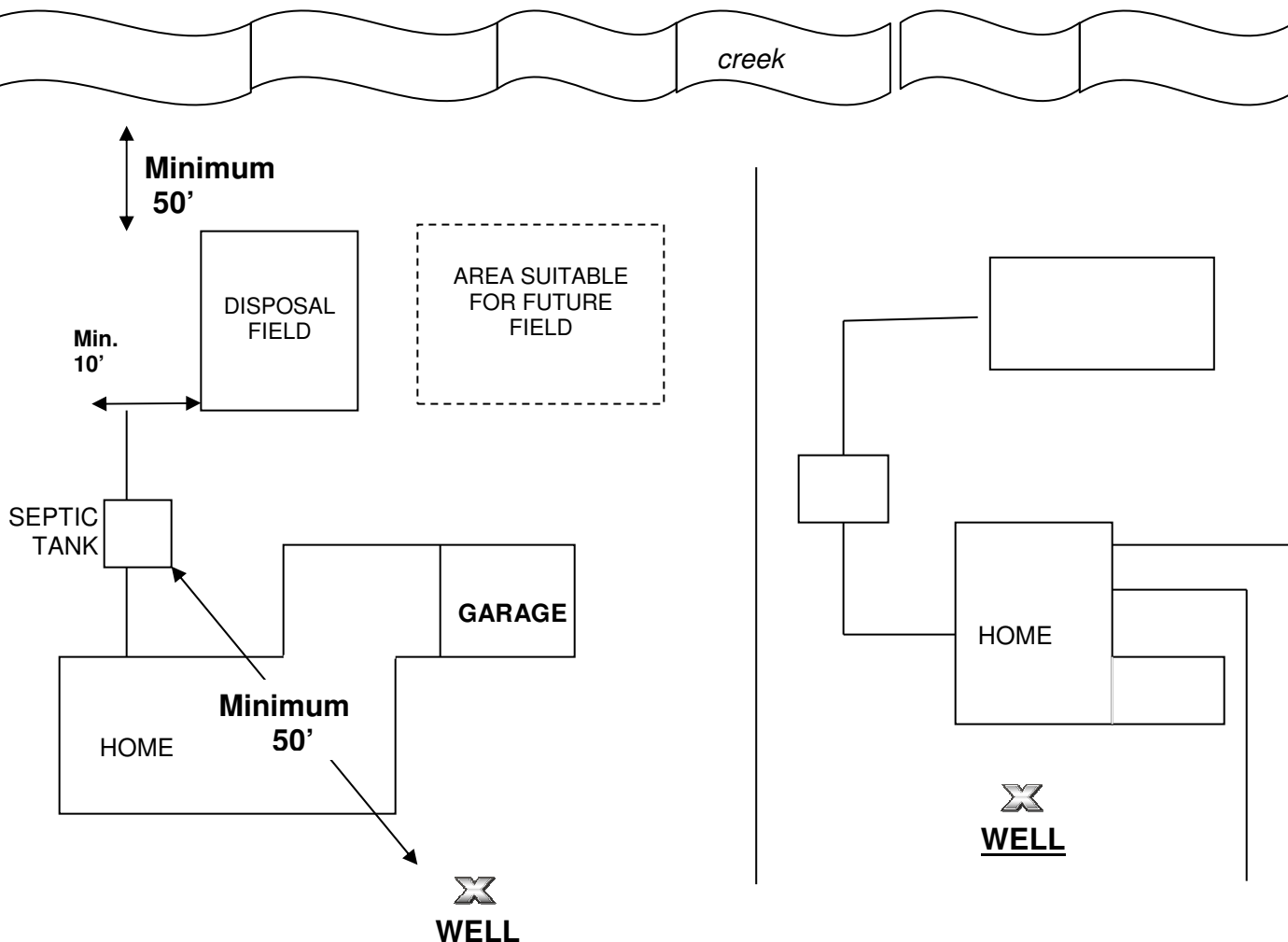
# SAMPLE PLOT PLAN FOR SEWAGE DISPOSAL APPLICATION – SINGLE / DUPLEX HOMES

- 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.

Sample drawing...attach your drawing to the application





# 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 or stream.**

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  
Environmental Health Division  
3415 28<sup>th</sup> Street  
Port Huron, MI 48060  
(810) 987-5306 Fax (810) 985-5533

*Please note: Permit fees are subject to change.*



Date of application \_\_\_\_\_  
 Application fee pd \_\_\_\_\_  
 Receipt number \_\_\_\_\_  
 Permit number \_\_\_\_\_

**ENVIRONMENTAL HEALTH DIVISION**  
**3415 - 28<sup>TH</sup> STREET**  
**PORT HURON, MI 48060**  
**(810) 987-5306 Fax (810) 985-5533**  
 environmentalhealth@stclaircounty.org



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

PROPERTY TAX I.D. NUMBER: 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 size (acres) \_\_\_\_\_ Lot/Parcel No. \_\_\_\_\_ House sq. footage \_\_\_\_\_

Dwelling Type: Single  or Duplex  No. Bedrooms \_\_\_\_\_ No. Occupants \_\_\_\_\_ No. Bathrooms \_\_\_\_\_

New Construction  Replacement sewage system  Nuisance Abatement  Tank Only

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

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

.....  
 HEALTH DEPARTMENT USE ONLY

**THIS PERMIT IS NOT TRANSFERABLE TO ANOTHER PERSON OR PROPERTY**

Septic tank(s) _____	Capacity _____	Effluent filter: Required ( )	Pump specifications attached ( )
Standard Absorption Trenches: _____	lineal ft. of 24" trenches _____	(minimum 6' centers)	
Standard Absorption Bed: _____	sq. ft. ( _____ x _____ )	No. _____	Tile lines _____ ft. long 4 ft. centers

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

### 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 inspection 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

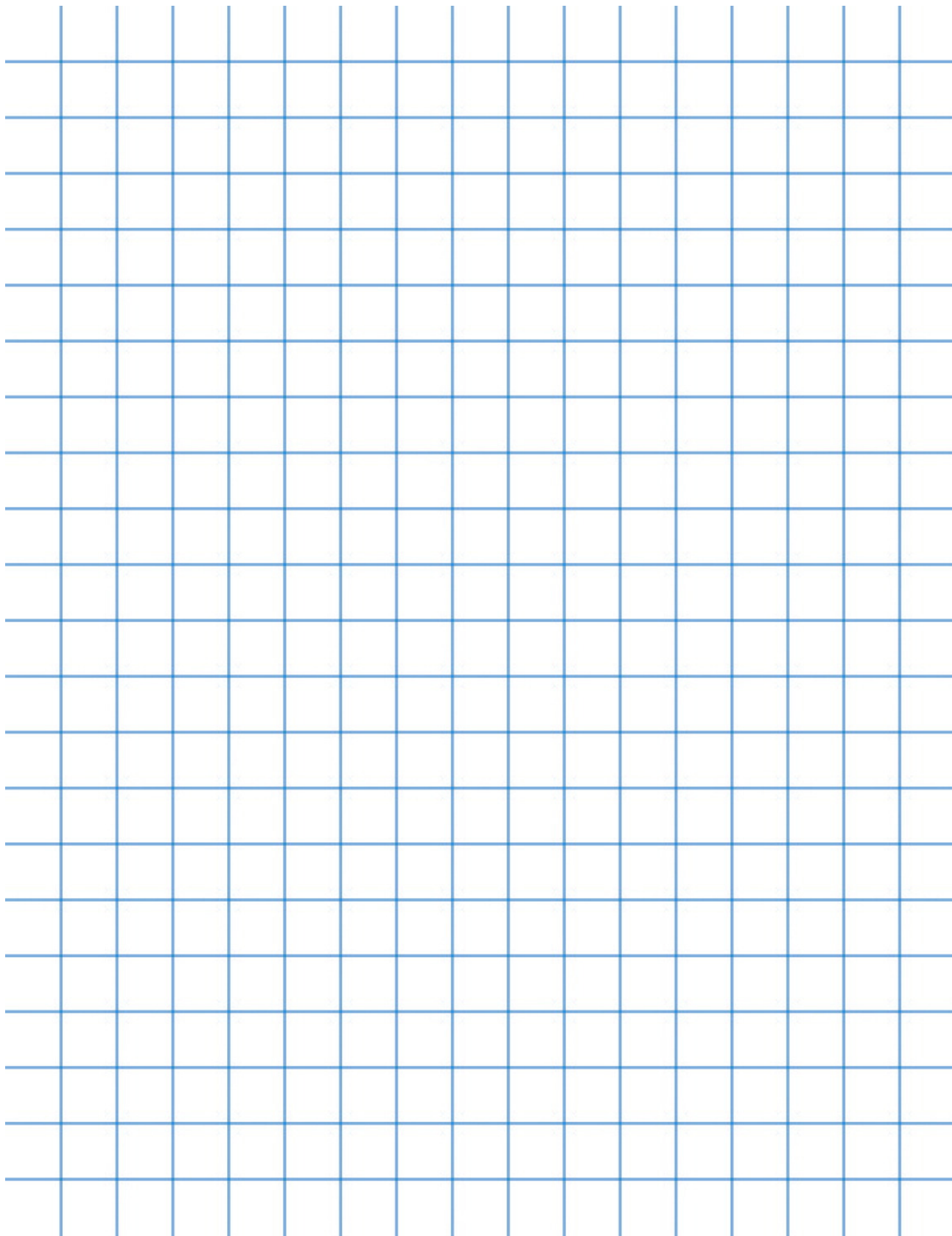
1. Use care and "common sense" when installing the disposal system to protect the soil's natural absorption properties by preventing soil compaction or smearing, and sealing off of the annular space between each individual soil particle through which water "percolates" away. As much as possible, keep 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 Environmental Quality regarding any possible regulated wetlands, floodplains and/or soil erosion areas on the property prior to any construction.



# DESIGNATED AGENT FOR SEPTIC AND / OR WELL PERMIT

St. Clair County Health Department  
Attn: Environmental Health  
3415 – 28<sup>th</sup> Street  
Port Huron MI 48060  
Phone: (810) 987-5306, Fax: (810) 985-5533

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

<b>Property Address</b>	_____
<b>City/ Township/Village</b>	_____
<b>Development (Owner) Name</b>	_____
<b>Designated Agent</b>	_____
<b>Address</b>	_____
	_____
<b>City, State, Zip</b>	_____
<b>Property Owner Signature</b>	_____
<b>(Print Name)</b>	_____
<b>Property Owner Address</b>	_____
<b>City, State, Zip</b>	_____
<b>Date</b>	_____