

**WESTERN U.P. HEALTH DEPARTMENT
EVALUATION REQUEST FORM
COMMERCIAL ON-SITE SEWAGE AND/OR WATER SUPPLY SYSTEM(S)**

Gogebic Office
W.U.P.H.D.
210 N. Moore
Bessemer, MI 49911
(906)667-0200

**Baraga, Houghton, & Keweenaw
Office**
W.U.P.H.D.
540 Depot Street
Hancock, MI 49930
(906)482-7382

Ontonagon Office
W.U.P.H.D.
408 Copper Street
Ontonagon, MI 49953
(906)884-4485

Type of Evaluation Requested (Check Appropriate Box):

- Sewage System **and** Well Site Evaluation
- Sewage System Site Evaluation Only
- Well Site Evaluation Only

Reason for Evaluation (Check Appropriate Box):

- Evaluate Vacant Lot
- Replace Existing Sewage System
- Replace Existing Well

<p>Applicant Information:</p> <p>Applicant Name: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Telephone Numbers: Work _____ Home _____</p> <p>Property Owner Information (if different from above):</p> <p>Property Owner Name: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Telephone Numbers: Work: _____ Home: _____</p>	<p>Property Information:</p> <p>County Name: _____</p> <p>Township Name: _____</p> <p>Section #: _____</p> <p>Township #: _____ Range #: _____</p> <p>Property Tax ID #: _____</p> <p>Fire # or Street Address: _____</p> <p>Size of Property: _____ Acres _____ Length x _____ Width</p> <p>Proposed Commercial Development:</p> <p><input type="checkbox"/> New Construction (describe): _____</p> <p>_____</p> <p><input type="checkbox"/> Remodel Existing Building</p>
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Parcel Status (check only one)

I hereby verify that the parcel of land to be evaluated:

___ Existed prior to March 31, 1997, which is the effective date of Michigan's "Land Division Act", P.A. 591, of 1996; has an existing dwelling; or is 40 acres or greater in size.

___ Has been approved by the governing municipality having jurisdiction as a Land Division under P.A. 591; is a Land Division approved under P.A. 87 of 1997 (eff. July 28, 1997); or is a lot in a recorded subdivision plat.

Applicant's Signature _____ Date: _____

Provide a Map to the Property and a Proposed Site Layout on the back of this form.

HEALTH DEPARTMENT USE ONLY		Client ID: _____	Case No.: _____
Fee Paid: \$ _____	Receipt #: _____	For: <input type="checkbox"/> Site Evaluation <input type="checkbox"/> Sewage Permit <input type="checkbox"/> Well Permit	
Date Request Received: _____	Date Payment Received: _____	Payment Received By: _____	

Return evaluation request form and associated fee(s) to the appropriate Health Department Office listed above.
Make checks payable to W.U.P..H.D.

Sewage Flow Estimate – Please provide the following information

Circle the type of business:

Restaurant, motel, office building, store, school, apartment building, factory, auto service station, campground, marina, other _____

How many people will use the building on busy days:

Number of employees _____ Number of customers per day _____

Provide information about the types of water using fixtures within the building.

<u>Fixture Type</u>	<u>Number of Fixtures</u>
Toilet with tank.....	_____
Toilet with flush valve.....	_____
Urinal with tank.....	_____
Urinal with flush valve.....	_____
Handwashing lavatory.....	_____
Bathtub, or tub/shower.....	_____
Shower.....	_____
Drinking fountain.....	_____
Hose bibb or yard hydrant.....	_____
Washing machine.....	_____
Lawn sprinkler (# of heads).....	_____
Auto washing, hand spray type.....	_____
Tractor and equipment washing.....	_____
Water softener.....	_____
Garbage disposal, domestic.....	_____
Garbage disposal, commercial.....	_____
Kitchen sink, small.....	_____
Kitchen sink, large.....	_____
Kitchen spray rinse.....	_____
Ice machine.....	_____
Ice cream machine.....	_____
Ice cream dipperwell.....	_____
Glass filling tap.....	_____
Hot chocolate machine.....	_____
Coffee machine.....	_____
Utility Sink.....	_____
Automatic Dishwasher.....	_____

MAP TO PROPERTY

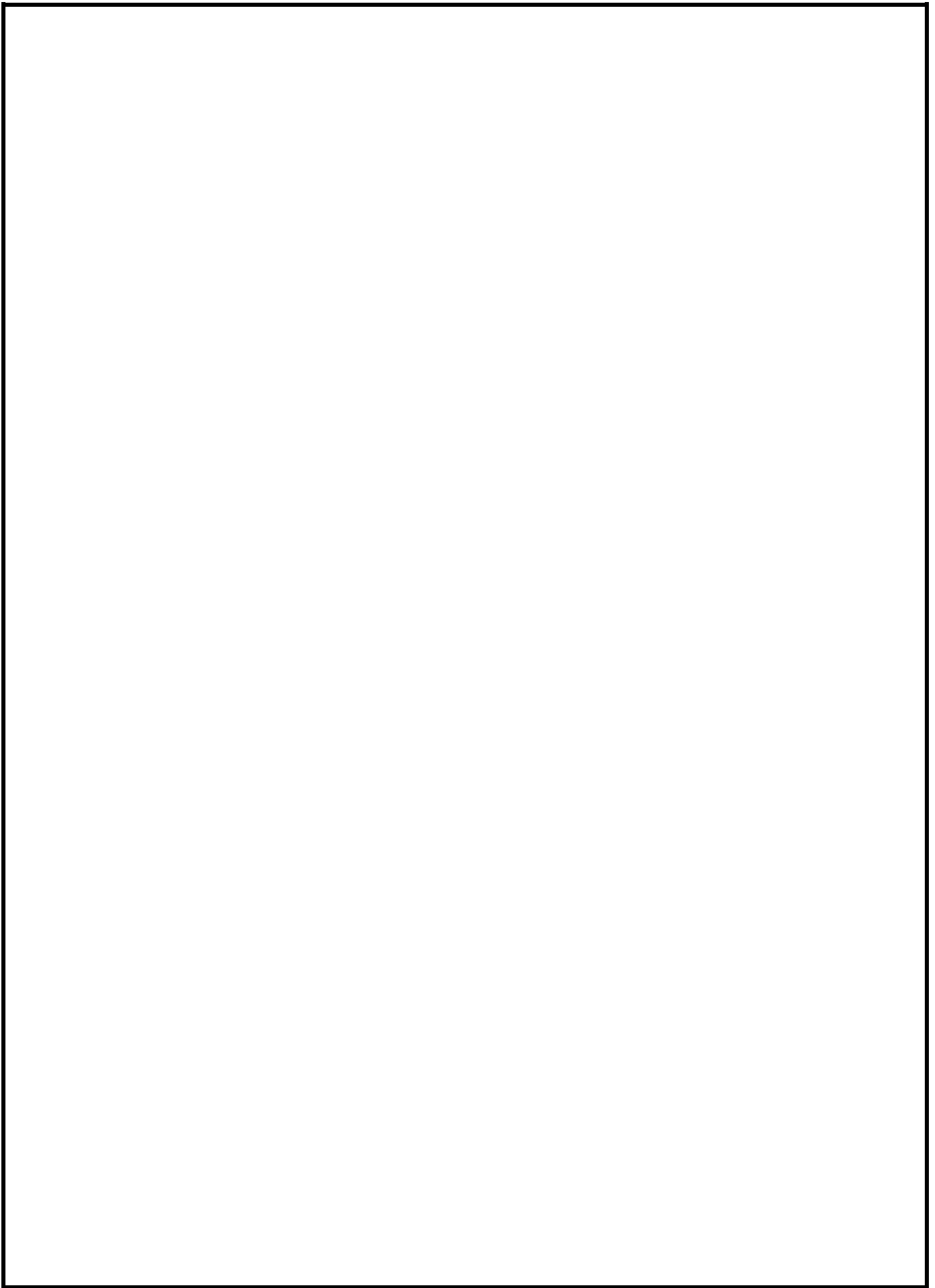
Include: Your fire number/address and any landmarks that can assist us in finding your property.

↑North

PROPOSED SITE LAYOUT

Include: Draw the property lines for the lot and then show the location of existing and proposed buildings, well(s), the sewage system, underground fuel tanks and the location of any surface water on the property.

↑North



**WESTERN U.P. HEALTH DEPARTMENT
EVALUATION REQUEST FORM INSTRUCTIONS
ON-SITE SEWAGE AND/OR WATER SUPPLY SYSTEM(S)**

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Commercial On-site Sewage Program Information for the Site Evaluation Applicant

Many parcels of land available for development are not served by a public sewer system or a public water system. Commercial buildings in these areas use an on-site septic tank and absorption field system for wastewater disposal and a well for a water supply system. For proposed sewage systems generating less than 1000 gallons of wastewater per day, the Western Upper Peninsula Health Department will evaluate your property to determine if it is suitable for a commercial on-site sewage system and a public water supply system. The Michigan Criteria for Subsurface Sewage Disposal applies to commercial systems generating less than 10,000 gallons per day and describes the minimum standards required for each sewage system including size and isolation distances. A copy of the criteria is available upon request. For sewage systems with daily wastewater flows between 1000 and 10,000 gallons per day or where the cost of the total project is \$15,000 or greater, detailed construction plans must be prepared by a registered professional engineer.

Some vacant parcels of land are not suitable, or at best are marginal, for an on-site sewage system. Many property owners assume that soils are all more or less alike. However, because differences in soil properties can occur within short distances, a building site must be carefully evaluated to determine the soil type and presence of limiting conditions such as seasonal high ground water or bedrock. The soil in the area of an on-site sewage system must be capable of percolating the daily quantity of sewage flows expected from the building, and treating the wastewater before it enters the water table. Seasonal high ground water interferes with the operation of sewage disposal systems and may cause premature failure of the system. Water table and bedrock located near the ground surface, or excessively permeable soils, may allow sewage to contaminate nearby wells and surface water.

The process used by the Western U.P. Health Department for conducting site evaluations and issuing construction permits is explained below and requires information from you to begin the process. After we receive an application form from you, expect the site evaluation and permitting process to take two to three weeks for systems generating less than 1000 gallons per day. Larger systems may involve considerable engineering time.

Site Evaluation Process

You will need to complete the application form and return it to the department. Be sure to provide all of the information requested. Your site evaluation will not be scheduled or will be delayed if the form is not complete. An Environmental Health Secretary will call you to schedule the site evaluation date and time.

You will need to arrange for a backhoe to be at the property for the site evaluation. During the evaluation we will use the "proposed site layout" drawing that you provided to the department on your application form to determine if the site you would like to be used for the sewage system meets the requirements of the Criteria. The EH Sanitarian will ask the backhoe operator to dig two or more holes to a depth of approximately six feet for the soil evaluation. If the soils and isolation distances meet the requirements of the Criteria, and there is adequate space for both an initial and replacement absorption system, the site will be approved. For approved sites, the EH Sanitarian will provide you with a site evaluation report, blank construction permit applications, and instructions for proceeding with the permitting process within a week of the site evaluation date.

Approximately ten percent of the sites evaluated by the department do not meet the requirements of the Criteria. It is very helpful if you are at the site during the evaluation. For systems generating more than 1000 gallons per day, your consulting engineer must also be present to evaluate the soils and site conditions. If your preferred sewage system location does not meet the Criteria requirements, you, your consulting engineer, sewage system installer, and the Sanitarian can discuss and evaluate alternate locations on the property.

When a building lot does not meet the requirements of the Criteria, the EH Sanitarian will provide you with a site evaluation report and letter which documents the results of the evaluation and explains the reasons why the site is not suitable for an on-site sewage system. You may then apply to the Michigan Department of Environmental Quality for a wastewater discharge permit.

Site Evaluation Application Checklist

- A complete application form has been provided to the health department.
- The site evaluation fee has been included with the application.
- A copy of a legal description, survey, or township approval letter is attached to the application.
- A backhoe operator or licensed sewage system installer has been hired for the site evaluation.
- A professional engineer has been hired to develop plans and specifications for systems generating 1000 to 10,000 gallons per day.

WUPHD 2011 Fee Summary

The department's fees for commercial on-site sewage systems and public water supply systems are summarized in the table provided below.

WUPHD 2011 Fee Schedule Summary Commercial On-site Sewage and Water Supply Programs	
Sewage System Site Evaluation Fee	\$ 184
Sewage System Construction Permit Fee (less than 1000 gallons per day)	\$ 306
(1000 to 6000 gallons per day)	\$ 639
(6000 to 10,000 gallons per day)	\$1357
Type III Well Construction Permit Fee (well used by less than 25 people/day)	\$ 296
Type II Well Construction Permit Fee (well used by more than 25 people/day)	\$ 355