



ON-SITE SEWAGE DISPOSAL REPORT
GENESEE COUNTY HEALTH DEPARTMENT
 630 South Saginaw Street – Flint, MI 48502 – Phone (810) 257-3603

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- New
- Replacement

PART A - APPLICATION FOR ON-SITE SEWAGE EVALUATION/PERMIT

Property Address _____ Township _____
 Applicant Name _____ Phone _____
 Applicant Address _____ City _____ Zip _____
 Email Address _____

Description: Residential Commercial (**commercial properties will require an engineered system**)
 # Acres _____ (**lots under 1 acre may require an engineered system**)
 # Bedrooms _____, # Occupants _____, Garbage Disposal Yes No

IT IS AGREED that work shall be done in accordance with provisions of regulations of GENESEE COUNTY HEALTH DEPARTMENT governing construction and installation of septic tanks and sewage disposal systems.

IT IS AGREED to notify the HEALTH DEPARTMENT before backfilling septic tank and/or land disposal field in order that inspection may be made. System installation may be prohibited due to weather and/or ground conditions, and these determinations are made on a case-by-case basis. Installation during prohibited periods invalidates permit and subjects owner to possible prosecution. Reserve area designated must remain in reserve for future septic system expansion. All septic field areas must be protected from top soil removal and compaction from equipment traffic.

IT IS UNDERSTOOD that this system is only a temporary means of sewage disposal. Permit is not a guarantee of performance. Life expectancy of this system will be directly affected by pumping and maintaining system. Drainage from: Footings/sump, downspouts, water softener, irrigation systems and any other water, not defined as sewage, shall not be connected to or discharged into/over septic tank or sewage disposal area. System to be installed or repaired by bonded contractor, licensed by the HEALTH DEPARTMENT, or by property owner under Environmental Health supervision. Certificate of inspection acknowledging proper system installation and approval must be issued by the HEALTH DEPARTMENT prior to assuming occupancy of this structure.

I certify that the above information is true and correct, and that I have read and understand above statements.

Signature of Applicant _____ Date _____

FOR HEALTH DEPARTMENT USE

PART B - SITE EVALUATION INFORMATION

SITE VISIT NOTES: *See attachment A (FETCH diagram)*****

SOIL PROFILE: *See attachment B (Soil Boring Samples)*****

SITE CHARACTERISTICS: Any portion of lot in flood plain? _____

Natural drainage _____ Slope _____ Trees in bed area? _____

Suitable: Yes No comments and/or reasons for denial:

IF YOU CHOOSE TO USE AN APPROVED ALTERNATIVE SYSTEM or EXPERIMENTAL SYSTEM YOU MUST CONTACT GCHD BEFORE MOVING FORWARD

- THIS FIELD SHALL REQUIRE:**
- Proposed plans – 1 full sized paper copy (size 2'x3') and 1 digital copy
 - Plan review fee: \$ _____
 - 1 digital copy of 'As Built' plans once system is installed
 - homeowner signoff form

Signature of Environmental Sanitarian _____ Date _____



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PART C - PERMIT TO INSTALL, DETAIL BELOW

- 1) Tank type: [] New Two Compartment w/ Effluent Filter [] Existing (subject to inspection) [] Add Effluent Filter
[] Properly Abandon old tank
Tank capacity: [] 1250 [] 1500 [] _____ [] 500 w/ Approved Pump, AV Alarm, Access Riser and Non-Freezing Pressure Line
Location: _____
2) System design: [] In-Grade Field [] Elevated Field (Extend sandfill 5 ft. beyond all pipe. Then 4:1 slope to meet existing ground.)
[] Other _____ [] Per Engineered Plans dated: _____
3) Size of system: [] Bed _____ sq. ft., tile 4ft. on center (_____ x _____) (Stone 1 ft. beyond all pipe)
[] Trench _____ lineal ft., tile 6ft. on center (_____ lines, _____ ft. long + footer)
[] Bridle Header : [] 2-2-2 [] 2-3-2 [] 2-4-2 [] 3-3-3 [] 3-4-3 [] 3-5-3 [] _____
4) Location: _____ running _____
5) Trench bottom shall be _____
6) Sandfill the final disposal field, approximately _____ x _____ w/ _____ inches of clean medium to coarse sand.
7) Backfill field with 6" sand and cap with 6" of topsoil. (Minimum cover over stone shall be 12 inches, maximum 24 inches.)
8) Remove all trees within 10 feet of disposal field.
9) Following inspections are required (if checked): [] scarification [] cut-in [] sand pad [] backfill [] final cover

Comments:

Issued by: _____ Date: _____ Permit expires: _____

INSPECTIONS & APPROVALS

SEPTIC TANK _____ LOCATION _____
Type/capacity _____ With Reference to Building _____

DISPOSAL FIELD - Size/Design: _____

SEPTIC INSTALLER _____ DEVIATIONS _____

Table with 2 columns: Inspection Type and Date/Sanitarian. Rows include SCARIFICATION, CUT-IN, SAND PAD, BACKFILL ISSUED, and APPROVAL ISSUED.

Comments: 'As Installed' drawing will be included on attachment C (FETCH diagram)