# Instructions for Completing a Commercial Sewage Treatment Permit Application

1. Fill out the application and supplemental commercial information form completely. An incomplete or inaccurate application will be returned to you prior to our office initiating any work. This may delay the issuance of the permit.

2. Submit application and fee to:

   **By Mail:** Kalamazoo County Health & Community Services Department
   Environmental Health Unit
   311 East Alcott Street Kalamazoo, MI 49001

   **By E-Mail:** ehincoming@kalcounty.com

3. Payment can be made with cash, check (payable to *Kalamazoo County Health & Community Services Department*), or credit card. **Credit Card Payment:** For secure payment, submit the Credit Card Authorization Form to Kalamazoo County Environmental Health by MAIL only.

4. If the review and field work for issuance of your permit exceeds four hours of time and/or more than four site visits will be required, you will be contacted for an additional permit payment of $110.00 per each additional hour and/or additional site visit. This additional fee must be paid prior to the permit being issued.

5. **Please Note:** For new construction a backhoe/excavator excavation is required to be completed on-site with an EH staff member present. An appointment with this office will need to be made in order to view this excavation in process for soil identification. It will be the responsibility of the excavating machine operator to contact Miss Dig for flagging.

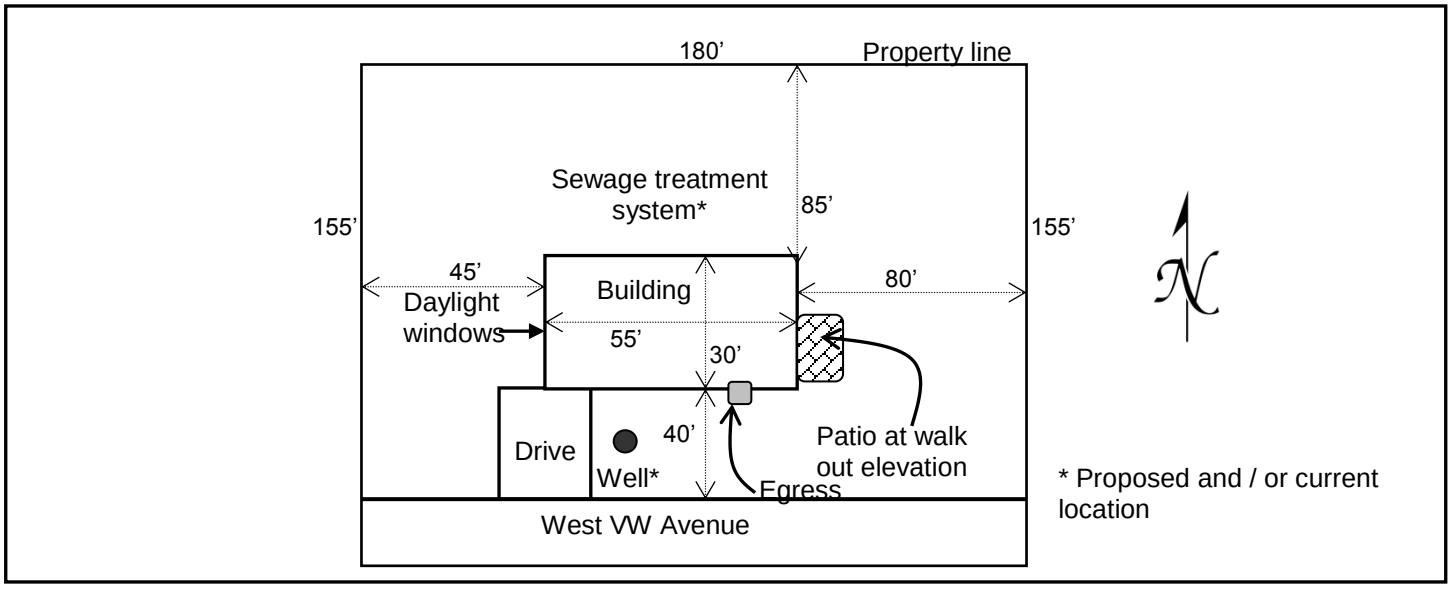
6. Please indicate on the application form if you wish to be present for the evalaution. You will be contacted upon receipt of the application to schedule an appointment. **For replacement systems, prior to a site visit, this office will contact Miss Dig to request utility staking. Please allow 3 business days for staking.**

7. If there is a buried well head on your property or on a neighboring property, it may be necessary for you to uncover each buried well head to insure the permitted sewage treatment system will meet isolation requirements. If this is necessary, it will be your responsibility to perform this work. Your permit will not be issued until the wellhead is uncovered and inspected by the Health & Community Services Department.

8. Your permit will be mailed or e-mailed to you upon completion.

   **NOTE**: In accordance with P.A. 451 of 1994, any earth change activity within 500 feet of a water body including a lake, stream or county drain requires an Earth Change Permit. For more information call the Soil Erosion and Sedimentation Control Office at (269) 384-8117.

**Property Development Plan Example**



# Application for an Onsite Sewage Treatment System Permit

(Please print. Complete entire form to avoid a delay in permit issuance.)

**Onsite sewage treatment system will serve / be used for (*check one*):**

☐ Single Family Dwelling ☐ Other (include Supplemental Application Form)

☐ Duplex/Multi-Family Dwelling

*For Office Use Only*

Permit #_____

Miss Dig #_____

## Property Information:

Parcel / Tax ID #: _____ Lot Size/Dimension: _____

Street Address: _____ Subdivision & Lot #: _____

City, State & Zip: _____ City/Village/Township: _____

## Issue Permit To:

Name: _____ Contact Phone #: _____

Mailing Address: _____

City, State & Zip: _____

☐ Mail Permit to above address ☐ E-mail Permit _____

☐ Call me to pick up the Permit

## Additional Information:

| | Yes | No |
|---|---|---|
| Is property served by a ☐ Private Well or ☐ Municipal Water? Number of Bedrooms:_____ | | |
| ☐ New Construction -An appointment will need to be set up with our office to view a backhoe /excavator excavation in process for soil identification. Municipal Sewer Available? | ☐ | ☐ |
| Garbage Disposal? | ☐ | ☐ |
| ☐ Replacement (existing system) Basement Plumbing? | ☐ | ☐ |
| Existing septic tank capacity (gallons):_____ Walkout / Daylight Basement? | ☐ | ☐ |
| Depth of soil over septic tank (inches):_____ Egress Window(s)? | ☐ | ☐ |
| ☐ Septic Tank Only Is there an existing / proposed geothermal system on this property? | ☐ | ☐ |

## Property Development Plan:

Please provide a site sketch. Insert a PDF by clicking on the box to the right, submit an additional sheet, or print and sketch in the box. For guidance, see the example on the "Instructions" sheet. Drawing need not be to scale. Show all applicable features (both proposed and existing):

☐ Road
☐ House
☐ Garage
☐ Drive
☐ North Arrow
☐ Fuel Oil Tank
☐ Surface Water (lake, pond, creek etc)
☐ Property Dimensions
☐ Egress Window(s)
☐ Walkout / Daylight Elevation
☐ Proposed or Current Sewage System
☐ Water Well
☐ Geothermal System

For replacement systems, prior to site visit, Miss Dig will be contacted to perform utility staking.

**Do you wish to be present for the site visit?**

☐ **Yes** ☐ **No**

I hereby make application for an onsite sewage treatment system permit. Attached is my application fee. I understand that payment of the non-refundable fee does not guarantee the issuance of a permit.

Applicant's Signature: _____ Date: _____

HCS - Environmental Health Unit
311 East Alcott Street
Kalamazoo, MI 49001

KALAMAZOO COUNTY GOVERNMENT
Health & Community Services Department

Phone: (269) 373-5337
Web: www.kalcounty.com/eh

# Non-residential Sewage Treatment System Permit Application Supplemental Information

Please complete the following for a facility other than single-family dwelling or duplex. A sewage treatment system permit will be issued under the authority of the Michigan Criteria for Subsurface Sewage Disposal and the Kalamazoo County Sanitary Code.

Name of Proposed Facility: _____

Type of Proposed Business: _____

Total Square Footage of Building: _____

Days & Hours of Operation: _____

Total Number of Employees: _____

List waste fixture type and number of each (for example, 3 toilets, 5 sinks, 1 urinal, etc.)

_____ _____ _____

_____ _____ _____

_____ _____ _____

Is Facility a food service or drinking establishment? ☐ Yes ☐ No If yes, continue below.

☐ No Food Service, Beverages Only

☐ Full Service Restaurant

☐ Limited Service Restaurant

Number of Seats: _____ Number of seat turnovers expected per day: _____

Open for (circle appropriate meals): ☐ Breakfast ☐ Lunch ☐ Dinner

**Please include any other information relevant to the waste generated and the design of the sewage treatment system. You may be contacted for information specific to the type of facility described above.**

_____

_____

_____

_____

_____

Applicant Signature: _____ Date: _____

**NOTE: If plan review and site evaluation time exceeds four (4) hours or if more than two (2) construction final inspections are required, you will be charged an additional hourly fee for service time and/or the re-inspection fee per additional inspection. Permit will not be issued until additional fees are paid in full. You will be contacted if additional fees apply.**

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# Credit Card Payment Request

**Please fully complete and SIGN this form and send it with the application.**

**Service Requested** _____

**Address of Property** _____

**Service Requested by** _____

**Cardholder's daytime phone number** _____

**Name of Credit Card Holder as it appears on the credit card:**

_____
First Middle Last

**Billing Address:**

_____
Street Address City & State Zip Code

**Costs for services (Environmental Health Unit Fee Schedule), applications, and instructions are located on the Kalamazoo County website at http://www.kalcounty.com/eh/licenses.htm. Costs for services can also be obtained by contacting Environmental Health Unit staff at (269) 373-5210.**

**Please charge the above credit card for the requested service(s).**

**Signature of Card Holder: _____ Date: _____**
**Kalamazoo County HCS EH, 311 East Alcott Street, Kalamazoo, MI 49001**

**_____ This shaded area is for office use only._____**

**____ Phone ____ Mail EH Staff Initials _____ Date _____**

**Authorization # _____ Dollar Amount $_____**

**Credit Card Number:** ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**V-Code:** ___ ___ ___ The V-Code is the last 3 digits on the signature panel.

**Expiration Date (Month & Year):** ___ ___/___ ___ **MC** ☐ **Visa** ☐

**Discover** ☐ **AmEx** ☐

Environmental Health Unit Phone: (269) 373-5210
Web: www.kalcounty.com/eh