

LENAWEE COUNTY HEALTH DEPARTMENT

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NONRESIDENTIAL SEWAGE DISPOSAL SYSTEM INFORMATION CHECKLIST

Prior to the issuance of a sewage disposal permit for new construction, change of use or an addition at a commercial or industrial building site, the following information must be completed and submitted to the Lenawee County Health Department.

Owner Details

Owner Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Population (mark those that apply)

Population Number of Full Time Employees per shift: _____

Number of Part Time Employees per shift: _____

Number of Shifts per business day: _____

Number of proposed guests/customers/patients per day: _____

Number of Students (Schools): _____

Number of Children (Licensed Daycare): _____

Proposed hours of operation: _____

Project Description

Provide a detailed description of the project. Use additional sheets as necessary. (Examples: Remodel project, addition, change of use, new construction of business type etc.)

The mission of the Lenawee County Health Department is to promote a safe and healthy environment.

Check One

Yes No

- Will the Facility generate over 10, 000 gallons of sewage a day.
- Will the Facility generate over 1,000 gallons of sewage a day.
- Floor drains will be located in production areas, food preparation, chemical use or storage areas

For Food Service Establishments:

- _____ Total number of seats
- _____ Total estimated number of seat turnovers per day

Fixture Count Worksheet below:

Please fill in the quantity for each of the following fixtures:

- | | |
|---|--------------------------------------|
| _____ Toilet with tank | _____ Ice machine |
| _____ Toilet with flush valve | _____ Ice cream machine |
| _____ Urinal with tank | _____ Ice cream dipper well |
| _____ Urinal with flush valve | _____ Glass filling unit |
| _____ Bathroom sink | _____ Hot chocolate unit |
| _____ Bathtub or tub/shower combination | _____ Coffee unit/urn |
| _____ Shower | _____ Groundwater heat pump |
| _____ Drinking fountain | _____ Air conditioner (water cooled) |
| _____ Laundry tub | _____ Evaporative cooler |
| _____ Service or Mop sink | _____ Bulk chemical dispensing unit |
| _____ Lawn sprinkler per sprinkler head | _____ Boiler unit/steam heating unit |
| _____ Auto washing, hand spray type | _____ Washing machine |
| _____ Tractor and equipment washing | _____ 1/2" connection |
| _____ Water softener 5/8" connection | _____ Dental unit 3/4" connection |
| _____ Dental lavatory | _____ Hose bibb or Yard hydrant |
| _____ Garbage disposal – domestic/household | _____ 1/2" connection |
| _____ Garbage disposal – commercial | _____ 5/8" connection |
| _____ Kitchen sink – small | _____ 3/4" connection |
| _____ Kitchen sink – large/double/triple | _____ Other (describe) |
| _____ Automatic dishwasher | _____ Spray rinse, hand operated |

Please include manufacturer specifications for water demand (gpm) required per fixture, if available. Yard hydrants must be on the EGLE approved list (no open weep hole into the ground).

Certification

I hereby apply for this permit and have authorization to do so. I understand this is application for construction permit only and that the use of the sewage disposal system cannot be changed until approval has been granted by the Lenawee County Health Department. I further state the information given is accurate and complete.

Applicant Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Date: _____

Applicant's Signature: _____

Applicant's Title/Position _____