

CHIPPEWA LAKE SANITARY DRAIN DRAINAGE DISTRICT
CHIPPEWA TOWNSHIP, MECOSTA COUNTY, MICHIGAN

SANITARY DRAIN CLEARANCE PERMIT

PROPERTY TAX ID #: 5403-

OWNER(S) NAME:

MAILING ADDRESS:

EMAIL:

PHONE NUMBER:

PROPERTY ADDRESS:

PROPERTY DESCRIPTION:

CONTRACTOR:

CONTRACTOR ADDRESS:

CONTRACTOR PHONE:

EMAIL:

REQUIRED MINIMUM ISOLATION DISTANCES

SEPTIC TANK AND PUMP CHAMBER TO WATER WELL.....	50 FEET
SEPTIC TANK AND PUMP CHAMBER TO WATER LINES.....	10 FEET
SEPTIC TANK AND PUMP CHAMBER TO PROPERTY LINE.....	5 FEET
SEPTIC TANK AND PUMP CHAMBER TO BUILDING FOUNDATION.....	10 FEET
SEPTIC TANK AND PUMP CHAMBER TO BANK OR DROP OFF.....	10 FEET
SEPTIC TANK AND PUMP CHAMBER TO LAKE/STREAM/MARSH.....	50 FEET
SEPTIC TANK AND PUMP CHAMBER TO IN GROUND SWIMMING POOL.....	10 FEET
SEPTIC TANK AND PUMP CHAMBER TO WATER WELL (COMMERCIAL).....	75 FEET

IN THE EVENT THAT THE SEWER SYSTEM DOES NOT MEET THE ABOVE SET BACK REQUIREMENTS, **THE APPLICANT MUST** CONTACT THE MECOSTA COUNTY HEALTH DEPARTMENT AND THE MECOSTA COUNTY BUILDING DEPARTMENT FOR A SITE DETERMINATION AND POSSIBLE VARIANCE. **CHIPPEWA TOWNSHIP OR THE DRAIN DISTRICT WILL NOT GRANT ANY VARIANCE.** (EXCEPTION: DISTANCE OF BUILDING FOUNDATION TO TANK CHAMBER.)

CONSTRUCTION REQUIREMENTS

CONSTRUCTION SEASON FOR SYSTEM INSTALLATIONS OR RELOCATIONS IS MAY 1ST THRU OCTOBER 1ST UNLESS DEEMED OTHERWISE BY THE SEWER OPERATOR. POSSIBLE EXCEPTIONS TO THE CONSTRUCTION SEASON, NO FROST IN GROUND, EXTENDED FIVE-DAY WEATHER FORECAST MUST MAINTAIN ABOVE A MINIMUM OF 40deg, SEWER OPERATOR SCHEDULE ALLOWS.

ADDITIONAL REQUIREMENTS: ROUGH-IN PLUMBING INSPECTION APPROVED INCLUDING STUB-OUT, FINAL GRADING COMPLETED, ESTIMATED SANITARY DRAIN CONSTRUCTION PAYMENT RECEIVED.

PERMIT AGREEMENT

THIS PERMIT IS A REQUIREMENT OF CHIPPEWA TOWNSHIP AND THE DRAIN DISTRICT. THE APPLICATION MUST BE FILLED OUT COMPLETELY AND ACCURATELY. PLEASE CONTACT THE TOWNSHIP TREASURER FOR INFORMATION REGARDING FINANCIAL OBLIGATIONS, RESULTING FROM SYSTEM **INSTALLATIONS REMOVAL OR RELOCATIONS**. A SITE REVIEW BY THE MAINTENANCE DEPARTMENT MUST BE COMPLETED PRIOR TO ANY CONSTRUCTION PERMITS BEING ISSUED BY THE MECOSTA COUNTY BUILDING DEPARTMENT. **THIS IS NOT A BUILDING PERMIT OR WELL PERMIT**. THE PURPOSE OF THE DRAIN PERMIT IS TO ESTABLISH SEWER LOCATION ONLY AND TO AUTHORIZE THE MECOSTA COUNTY BUILDING DEPARTMENT TO ISSUE PERMITS. A COPY OF THE SIGNED CLEARANCE PERMIT MUST BE PRESENTED TO THE MECOSTA COUNTY BUILDING AND HEALTH DEPARTMENTS PRIOR TO THEM ISSUING THEIR PERMITS.

ACCESS AND SERVICE AGREEMENT

AS A CONDITION OF SERVICE, THE OWNER HEREBY AGREES TO COMPLY WITH ALL PROVISIONS OF THE CHIPPEWA LAKE SANITATION DRAIN ORDINANCE, AS ADOPTED OR DULY AMENDED, BY THE CHIPPEWA TOWNSHIP BOARD. THE OWNER ACKNOWLEDGES AND AGREES THAT AUTHORIZED AGENTS, OF THE CHIPPEWA LAKE SANITARY

DRAIN DISTRICT, SHALL HAVE REASONABLE ACCESS TO THE ABOVE DESCRIBED PROPERTY FOR THE PURPOSE OF INSTALLING, INSPECTING, MAINTAINING, REPAIRING, REPLACING OR OTHERWISE DEALING WITH THE COMPONENTS OF THE DRAINAGE DISPOSAL SYSTEM. EXAMPLES: BUILDING SEWER, STEP-SYSTEM, SERVICE PIPE, MAINLINE, CURB VALVE, STOP, OR STUB, WHICH ARE LOCATED ON, UNDER OR ADJACENT TO THE ABOVE STATED PREMISES. IF THE PREMISES ARE DISTURBED, BY EXERCISE OF ANY FOREGOING POWER, THE PREMISES SHALL BE RESTORED TO ITS ORIGINAL CONDITION, BY THE MAINTENANCE DEPARTMENT, UNLESS THE PROPERTY OWNER SIGNS A WRITTEN RELEASE. THE CHIPPEWA LAKE SANITARY DRAIN DRAINAGE DISTRICT COVERS ALL COMPONENTS, OF THE SYSTEM, FROM THE SEPTIC TANK TO THE MAINLINE UNDER THE MAINTENANCE & OPERATION AGREEMENT. THE PROPERTY OWNER IS RESPONSIBLE FOR THEIR DISCHARGE SEWER LEAD FROM THE DWELLING TO THE SEPTIC TANK AND THE POWER SUPPLY FROM THE DWELLING'S ELECTRICAL BOX TO THE SYSTEM'S CONTROL PANEL.

PROPOSED CONSTRUCTION

INCLUDE TYPE OF BUILDING, BUILDING DIMENSIONS AND OVERALL SQUARE FOOTAGE OF THE BUILDING REQUIRING THE SANITARY DRAIN.

SITE PLAN

IN THE AREA BELOW (OR ATTACH A SEPARATE SHEET) PLEASE DRAW THE PROPOSED SITE PLAN. INCLUDE PROPERTY DIMENSIONS WITH NORTH IDENTIFIED, LOCATION OF BUILDING REQUIRING THE SANITARY DRAIN USING TWO OR MORE DIMENSIONS FROM PROPERTY LINES, EXISTING OR PROPOSED WELL LOCATION, DISTANCE TO ANY BODY OF WATER (WHERE APPLICABLE) AND ANY ADDITIONAL EXCAVATING THAT YOUR PROJECT PROPOSES. THIS INFORMATION WILL HELP US LOCATE A SITE FOR NEW OR RELOCATED SYSTEMS AND/OR PROTECT THE SYSTEM FROM BEING BUILT OVER. NOTE: ONCE PERMIT APPLICATION APPROVED ANY MODIFICATIONS TO THE SITE PLAN REQUIRES A CHANGE ORDER TO BE SUBMITTED AND APPROVED (SEE CHANGE ORDER).

APPLICATION SIGNATURE AND DECLARATION

I DECLARE THAT I HAVE EXAMINED AND COMPLETED THIS DOCUMENT TO THE BEST OF MY KNOWLEDGE AND THE INFORMATION SUPPLIED IS TRUE AND CORRECT.

APPLICANT(S) SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

SEWER DEPARTMENT APPROVAL _____ DATE _____

PERMIT APPROVED BY: _____ DATE _____

PERMIT IS GOOD FOR 1 YEAR FROM APPROVAL DATE, AFTER 1 YEAR A NEW PERMIT MUST BE FILED

FOR TECHNICAL INFORMATION, PLEASE CALL: SCOTT RICE, SEWER MAINTENANCE DEPT. @ (231)867-3616
Or email SCOTT@CHIPPEWATWP.ORG

FOR GENERAL INFORMATION, PLEASE CALL: CHIPPEWA TOWNSHIP @ PHONE: (231)867-3777,
EMAIL: BRYAN@CHIPPEWATWP.ORG OR JULIE@CHIPPEWATWP.ORG.