LIVINGSTON COUNTY HEALTH DEPARTMENT

Environmental Health Division
2300 East Grand River Ave., Suite 102, Howell, MI 48843-7578
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COMMERCIAL/INDUSTRIAL FACILITY CHECKLIST

Prior to the issuance of a water well or sewage disposal permit for new construction or an addition at a commercial or industrial building site, the following checklist must be completed and submitted to the Livingston County Health Department.

Facility Name _____ Tax ID # _____

Facility Location _____ Section _____

Facility City, Zip _____ Township _____

Contact Person _____ Phone No: _____

E-Mail Address: _____

Yes	No	(Check One)
☐	☐	Facility will serve drinking water to 25 or more individuals at least 60 days of the year.
☐	☐	Facility will serve drinking water to 25 or more **of the same** individuals for at least 6 months of the year.
☐	☐	Facility will provide a drinking fountain for the public.
☐	☐	Soil borings (perc tests) have been conducted in the area of the proposed drainage beds.
☐	☐	Soil borings (perc tests) were conducted prior to 1986.
☐	☐	Facility will generate over 6,000 gal. of sewage/day.
☐	☐	Facility will generate over 1,000 gal. of sewage/day. *If facility generates over 1,000 gal. of sewage/day, then the sewage disposal system must be designed by an engineer.
☐	☐	Engineer has designed sewage disposal system and/or water supply system.
☐	☐	Floor drains will be located in production areas, chemical use areas, or chemical storage areas.
☐	☐	Facility will use underground storage tanks (USTs) for fuel or chemical storage purposes.
☐	☐	Facility will use or store one or more materials listed on the Michigan Critical Materials Register (CMR) (see attached).
☐	☐	Facility will use or store chemicals not on the CMR (if yes, list).
☐	☐	Chemical storage area consists of a curbed concrete containment area.
☐	☐	Facility will generate a hazardous waste (if yes, list).
☐	☐	Facility will generate between 1/2 and 5 - 55 gal. barrels (100 - 1,000 Kilograms) of hazardous waste per month.
☐	☐	Storm drains located less than 75 feet from proposed onsite water and/or sewage disposal system.

The above checklist has been filled out completely and to the best of my knowledge is accurate.

Signed _____ _____
(Name) (Date)

WATER FIXTURE VALUE WORKSHEET

PLEASE NOTE: If a new/replacement well is being proposed, then this water fixture information is not necessary to complete with this document. If you are modifying your existing facility, then please complete this worksheet.

If the first two items on the previous sheet are marked YES, the facility is considered a Type II public water supply, as defined by Act 399, P.A. 1976. A properly designed water supply system should deliver water at the desired quantity, quality and pressure to any outlet on the system during the periods of heaviest use.

In order to calculate peak water demand, please list below the type of and total number of water fixtures located in the facility. Example: hose bib connections, hand sinks, urinals, toilets (sloan valve or tank type).

Water Fixture Type	**Total Number**
1)	
2)	
3	
4)	
5)	
6)	
7)	
8)	
9)	
10)	