

District Health Department No. 10

Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana and Wexford Counties

Addendum to Sewage Permit Application for Commercial Use.

Type of establishment or business: _____

Number of Employees: _____/Shift Students: _____ Patients: _____

Normal Business Hours: _____ Total Hours per day: _____

Total number of work shifts: _____ Total number of Bedspaces: _____

Total seating capacity: _____ Proposed meal periods per day: _____

Indicate total number planned for each applicable item below:

For Food Service Establishment Only
Indicate total number of fixtures:

Apartment Units..... _____
Hotel or Motel Units..... _____
Classrooms..... _____
Camp Sites..... _____
Hair Styling Salon/Barber Shop Chairs..... _____
Vehicles served per day (service stations)..... _____
Swimming Pools, Spa Pools, Whirlpools..... _____
Hospital, Clinic bed spaces..... _____

Garbage Disposal/Grinder Units..... _____
Toilets/Water Closets..... _____
Lavatories/Hand Sinks..... _____
Janitorial/Slop Sinks..... _____
Automatic Washing Machines..... _____
Bath Tubs/Shower Stalls..... _____
Urinals..... _____
Ice Machines..... _____
Fountain Pop Dispensers..... _____
Ice Cream Machines..... _____
Dipper Well..... _____
Ice Bins..... _____

Indicate total number of fixtures:

Garbage Disposal/Grinder Units..... _____
Toilets/Water Closets..... _____
Lavatories/Hand Sinks..... _____
Automatic Washing Machines..... _____
Bath Tubs/Shower Stalls..... _____
Urinals..... _____

Will this facility generate liquid waste from other than toilets, sinks, baths or Laundry? Yes ___ No ___

If Yes, please explain: _____

Will Floor Drains be installed? Yes ___ No ___

Name of person providing the above information: _____

Title or Position: _____ Date: _____

For LHD Use Only

Sewage flow per day estimated at _____ gallons per day. Permit # _____