

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT
COMMERCIAL ON-SITE SEWAGE DISPOSAL INFORMATION SHEET

This additional information is used to design your sewage disposal system. Please fill out as many of the blanks below as possible. Not all of the blanks may apply to your particular site. Return the completed form to our office with the completed site evaluation form. This information will be needed before any field visits can be made by our department. Should you have any questions about the form, please call your local branch of the health department.

- 1. Type/Description (ie...office, church, restaurant)

- 2. Estimated peak sewage flow in gallons per day (gpd)

- 3. Square footage of building _____
- 4. Number of employees _____
Employees per shift _____
Number of shifts _____
Hours per shift _____
- 5. Business hours _____ Seasonal? _____
- 6. Seating capacity _____
- 7. Public Restrooms _____
If yes, include number and type of fixtures in #11
- 8. Number of bedrooms _____
- 9. Number of service connections (number of buildings hooked to well)

- 10. Water available of public (drinking fountains, coffee, etc.)

- 11. Number of fixtures of each...
Toilet (tank or flush valve) _____

Sink _____
Dish machine _____
Water Softner _____

Floor drain _____

Furnace condensate _____

Urinal _____

Bathtub/shower _____

Drinking fountain _____

Wash machine _____

Ice machine _____

Ice cream machine _____

Ice cream dipperwell _____

High pressure washing equipment (auto, tractor)

Other _____

12. Projected number of customers per day _____