

# Application

## Commercial Development and Establishments

For purpose of a Soil and Site Evaluation and a written recommendation for a "new" Individual On-site Wastewater Disposal System(s)

Development/Establishment Name: \_\_\_\_\_ County: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### TYPE: Commercial Development

- |   |                        |                                 |
|---|------------------------|---------------------------------|
| <input type="checkbox"/> Manufactured Housing | Number of sites: _____ | Total number of bedrooms: _____ |
| <input type="checkbox"/> Multi-Family         | Number of units: _____ | Total number of bedrooms: _____ |
| <input type="checkbox"/> RV Campground        | Number of sites: _____ | Number of bath houses: _____    |
| <input type="checkbox"/> RV Lodging Park      | Number of sites: _____ |                                 |

### Commercial Establishment

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Food Establishment*         | Number of seats: _____                       | Number of meals/car spaces: _____           |
| <input type="checkbox"/> Child Care Facility/School* | Number of students: _____                    | Number of employees: _____                  |
| <input type="checkbox"/> Church                      | Number of seats w/kitchen: _____             | Number of seats w/out kitchen: _____        |
| <input type="checkbox"/> Shopping Center/Retail      | Number of employees: _____                   | Number of parking spaces: _____             |
| <input type="checkbox"/> Personal Care Home          | Number of beds: _____                        | Number of staff (daily and overnight) _____ |
| <input type="checkbox"/> Office                      | Number of employees/shifts: _____            |   |
| <input type="checkbox"/> Other                       | Type of process generating wastewater: _____ |   |

\*NOTE: If applicable, you must complete any additional applications as required by the Department. Please contact the applicable program as to what will be required for application.

### CENTRALIZED WASTEWATER TREATMENT SYSTEM: What is the name and distance of the closest sewered infrastructure to your location?

Name: \_\_\_\_\_ Approximate Distance: \_\_\_\_\_ miles

### WATER SUPPLY:

- Public: Utility Name: \_\_\_\_\_  
**NOTE: If "public" is checked, provide a written letter from the local water association confirming (public) water supply can be provided.**
- Private: Number of Wells: \_\_\_\_\_ Number of people to be served: \_\_\_\_\_ Number of connections per well: \_\_\_\_\_  
**NOTE: Any well providing service that constitutes public use must contact the Bureau of Public Water Supply.**

### DOCUMENTATION REQUIRED: (Electronic copy may be PDF, DWG or DXF format)

- Plat or Plot Plan (include any and all improvement plans);
  - Legal description w/total area (acreage or square feet);
  - Written directions and/or a vicinity map to site location;
  - Topography with existing ground contours;  
SOURCES: MSU county extension offices or go online to the MS Geospatial Clearinghouse, MARIS, or U.S. Geological Survey website.
  - Grading Plan
  - Name of property owner(s) adjacent to the proposed development;  
If you own adjacent property to the proposed development, you must submit a letter stating intentions of use for said property.
  - Names of streets, roads, highways;
  - Location of existing and/or proposed water well(s), including all connections;
  - Location of all utilities AND associated easements or right-of-ways (i.e. electrical, water, gas, cable, etc.)
  - Location of all water bodies, wetlands, frequently flooded areas, existing and proposed drainage, and easements for surface and subsurface drainage; and
- Fee (see below), made payable to: Mississippi State Department of Health – Division of On-site Wastewater  
Post Office Box 1700  
Jackson, MS 39215-1700

**Office: (601) 576-7150 Fax: (601) 576-7120 Email: wastewater@msdh.ms.gov**

- Commercial Development = \$412.50 + \$2.60/site
- Commercial Establishment + Final = \$412.50
- Existing Commercial Establishment = \$315.00
- Apply online at [healthysms.com/wwapply](http://healthysms.com/wwapply) first or a \$25 processing fee will be included
- Engineered/CPE Submittal + Final = \$227.50 (Design-Based)
- Engineered/CPE Submittal + Final = \$422.50 (Performance-Based)
- Engineered/CPE Large System Submittal (>1,500 gpd) + Final = \$422.50

By signing this form or typing my name below, I acknowledge that I understand that any falsification of documentation submitted for review or violation of regulations is punishable by **Mississippi Code of 1972, Annotated Sections, 41-3-59, 41-67-28, 97-7-10, 97-9-59 and 97-6-61.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Application

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### PURPOSE

To provide a notice to the Mississippi State Department of Health that an Applicant plans to develop a tract for commercial use or subdivide a tract. This documentation is not intended to be photocopied and released to the Applicant.

### INSTRUCTIONS

The Applicant must provide all requested documents, written directions to the property, fee (or an email to receive an invoice at) and read all pages. The Applicant agrees to authorize the environmentalist to enter the property to conduct an inspection of the attested existing Individual On-site Wastewater Disposal System.

#### Property Information

1. Development/Establishment Name – Enter the name the property shall be referred to. All applications must include this.
2. County – Enter the Mississippi county that the property is located in.
3. Site Address – Enter the physical address (911 address) for the property location to be evaluated.
4. City – Enter the City for the property location to be evaluated.
5. Zip Code – Enter the Zip Code for the property address to be evaluated.
6. Contact Name – Enter the name of the primary person the Division should have contact with.
7. Telephone – Enter the primary number the Division should call to contact someone about this property.
8. Email – Enter the email address the Division should contact about this property.
9. Contact Address – Enter the complete mailing address of the Applicant.
10. City – Enter the City for the Applicant’s mailing address.
11. State – Enter the Zip Code for the Applicant’s mailing address.
12. Zip Code – Enter the Zip Code for the Applicant’s mailing address.

#### Type

13. Check box(s) – check the one (or more, if applicable) box that corresponds with the property type in need of review or inspection.
14. Blank spaces – Fill in the blank spaces on the same line as (straight across from) the box(s) checked.

#### Centralized Wastewater Treatment System

15. Fill in the name of the nearest MDEQ-permitted centralized wastewater facility and the estimated mileage it is from the Applicant’s property.

#### Water Supply

16. Check “public” if available source of water is a public water supply. Check “private” if source of water is an individual (on-site) private well.
17. Fill in the blanks on the same line as (straight across from) the box checked. Provide a letter of Confirmation of Water Supply if Public was checked.

#### Documentation Required

18. Additional paperwork that must be submitted with the Application as required by the Department to consider the Application complete.

#### Fee

19. Based on the box(s) checked under Type, expect the appropriate fee option.

#### Attestation

20. Signature and date – Sign and date where indicated, confirming all portions of the Application are filled out completely and accurately.

### OFFICE MECHANICS AND FILING

The Applicant will complete the Application and include all requested documents and fee. The Division of On-Site Wastewater will provide the Applicant with a copy of the inspection or review with the environmentalist’s signature and file an unsigned copy in the Applicant’s file.

If any portion of the Application is considered incomplete, it will not be processed and the Applicant shall be notified of the missing documentation. Once the Application is verified as complete, the Department will process the Application. The Department will electronically file all documentation associated with the property.

### RETENTION PERIOD

Signed copy in the file shall be retained for 3 years or until audited.