

GRAND TRAVERSE COUNTY ENVIRONMENTAL HEALTH SOIL EROSION AND SEDIMENTATION CONTROL SITE DETERMINATION FORM

PART 91, SOIL EROSION & SEDIMENTATION CONTROL, ACT 451 OF 1994,
AS AMENDED & GTCHD SOIL EROSION SEDIIMENTATION CONTROL ORDINANCE

Office
Use
Only

Amount: \$ 25.00

Receipt #:

Received By:

Project Type: ☐ Residential ☐ Commercial

Project Address: _____ City, Zip: _____

Tax #: _____ Twp: _____ Section: _____

Subdivision: _____ Lot: _____

Size of Earth Change: _____ Start Date: _____ Completion Date: _____

Name & Distance to Nearest Surface Water, Wetland or Drain: _____

Describe Project: _____

***** DETERMINATIONS MUST BE SUBMITTED WITH AN ACCURATE SITE PLAN OF PROPOSED WORK*****

Owner's Name: _____

Owner's Mailing Address: _____ City, State, Zip: _____

Owner's Phone: _____ Owner's email: _____

Applicant (if other than owner): _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

-----DEPARTMENT USE ONLY: COMPLETED BY SANITARIAN-----

THE FOLLOWING CRITERIA APPLY:

SOM PA 451, PART 91 REQUIREMENTS

- ☐ Within 500' of Lake or Stream
- ☐ Disturb 1 acre or more

GTCHD SESC REQUIREMENTS

- ☐ Within 500' of Regulated Wetland
- ☐ Within 500' of a County Drain
- ☐ Slopes of 20% or greater
- ☐ Group D Hydrologic Soils

Comments: _____

☐ OFFICE REVIEW ☐ FIELD REVIEW

Based on information provided by the Land Owner, the requirement for a Soil Erosion/Sedimentation Control (SESC) Permit has been reviewed in accordance with Part 91, Act 451 of 1994 and the Grand Traverse County Soil Erosion and Sedimentation Control Ordinance, as amended. Grand Traverse County Health Department, County Enforcing Agency, has determined that a SESC Permit is:

☐ NOT REQUIRED

☐ REQUIRED

Sanitarian Reviewer: _____ Date: _____