

Barry-Eaton District Health Department  
Environmental Health Division  
**RESIDENTIAL PROPERTY DEVELOPMENT APPLICATION**  
(SINGLE OR 2 FAMILY PREMISES)

**(\*COMPLETION REQUIRED – INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED)**

\*Site Location (Road name/Address): \_\_\_\_\_ \*Township: \_\_\_\_\_ Section #: \_\_\_\_\_

\*Property Tax ID #: \_\_\_\_\_ \*Plat/Site Condo: \_\_\_\_\_ Lot #/Parcel #: \_\_\_\_\_

\*Lot Size: Acres: \_\_\_\_\_ or existing: \_\_\_\_\_ ' X \_\_\_\_\_ ' (proposed: \_\_\_\_\_ X \_\_\_\_\_ ' ) Old Address (if applicable): \_\_\_\_\_

# Bedrooms: \_\_\_\_\_ # future Bedrooms \_\_\_\_\_ # Occupants: \_\_\_\_\_ Garbage Grinder/Disposal (in kitchen sink)?  Yes  No

Foundation type:  Basement  Walkout  Daylight/basement egress windows  Slab or crawl space  Other \_\_\_\_\_

Are there on-site fuel oil or petroleum product tanks on site?:  Yes  No Are there existing wells on site?  Yes  No

\*Applicant's Name: \_\_\_\_\_ \* Property Owner: \_\_\_\_\_ Ph: \_\_\_\_\_

\*Applicant's Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Phone: (Daytime) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Fax ) \_\_\_\_\_ (Email) \_\_\_\_\_

I hereby apply for this service and have the authorization to do so. All information provided is accurate to the best of my knowledge. I understand any authorized sewage or well system permit only authorizes construction of the system and agree the sewage system and/or well will not be used until final approval is given. I agree to comply with the requirements of the BEDHD Sanitary Code and the applicable permit. \*I understand in the event that this well will produce 70 gallons per minute or greater (alone or in combination with other wells on this property) that it is the well owner's responsibility to use the Michigan Department of Environmental Quality's online *Water Withdrawal Assessment Tool* to determine if this well will create an Adverse Resource Impact to a nearby surface water body. Further, I understand that I may contact the MDEQ for additional information regarding water withdrawal. I will call MISSDIG to have the utilities marked.

\*Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**1. Is a service in the SEWAGE SYSTEM PROGRAM being requested?**  Yes, go to next line.  No, go to Water Supply (#5)

\* Is public sewer available?  No, go to next line  Yes, contact local sewer authority for connection requirements

\* Is the property vacant land?  Yes, go to Site Evaluation or "perk test" (# 2)  No, go to Sewage Replacement (#4)

**2. SITE EVALUATION** (commonly called "perk test" or land review for new residential construction) Choose  one.

Is the property being divided from a larger parcel?  Yes, stake out proposed property lines and submit proposed site plan approved by the applicable official that reviews land divisions. .... \$275.00 per site

Is the property an existing parcel?  Yes, identify property corners and provide a copy of the survey. .... \$275.00 per site

**3. INITIAL SEWAGE PERMIT** (must first have approved site evaluation) Choose  one

Is new home construction proposed?  Yes, submit detailed site development plan and applicable fee (choose one):

Initial Sewage Permit/ Conventional System..... \$246.00

Low Pressure Dose Mound Permit (request application packet from office)..... \$596.00

Alternative System Permit & Plan Review (must first have site evaluation) Submit fee with consultant's plans..... \$699.00

**4. REPLACEMENT SEWAGE SYSTEM** (Replacing an existing sewage system or part of sewage system) Choose  one

Replacement of the existing system for an existing home (includes Site Evaluation)..... \$275.00

Septic Tank Only Replacement Permit..... \$137.00

**5. Is a service in the WATER SUPPLY PROGRAM being requested?**  Yes, go to next line. Choose  one

\* Is public water available?  No, go to next line  Yes, contact local water authority for connection requirements

Initial Well Permit or Replacement of the existing well for an existing home <70 GPM (without BEDHD Sampling)..... \$204.00

\* Additional... sampling by BEDHD – 1 sample within 90 days of well installation All potable wells must be sampled.....\$302.00

Irrigation or test well: \* provide pump capacity \_\_\_\_\_. Fee (choose one) <70 GPM...\$204.00 or greater than 70 GPM...\$239.00

PLEASE PROVIDE DIRECTIONS TO PROPERTY ON BACK or page 2 →→→→→→→→

FEE: \_\_\_\_\_ DATE: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ CALL PICKUP FAC#: \_\_\_\_\_ Application # \_\_\_\_\_

EMPLOYEE # ASSIGNED TO: \_\_\_\_\_ APPOINTMENT DATE & TIME \_\_\_\_\_

### DIRECTIONS

What side of the road is your home/property on?  north  south  east  west

What are the two closest cross roads? \_\_\_\_\_ & \_\_\_\_\_.

What color is your house? \_\_\_\_\_ Any distinguishing landmarks \_\_\_\_\_

Please Provide Map Below

End Application: For Office Use Only

(FOR OFFICE USE ONLY)

#### SEPTIC REPLACEMENT DATA:

##### Reason for Repair Permit: CHECK ONE ONLY

1.  System failure: Complete MDEQ Failure Data Form
2.  Nearing the end of its life expectancy
3.  Building/Site Improvements
4.  Other: \_\_\_\_\_