



Barry-Eaton District Health Department

Be Active • Be Safe • Be Healthy

Barry County: 330 W. Woodlawn Ave., Hastings MI 49058
Phone: 269-945-9516 Fax: 269-818-0237

Eaton County: 1033 Health Care Dr., Charlotte, MI 48813
Phone: 517-543-2430 Fax: 517-543-7737

Eaton Behavioral Health: 1033 Health Care Dr., Charlotte, MI 48813
Phone: 517-543-2580 Fax: 517-543-8191

PROCEDURE FOR REQUESTING AN APPEAL

Sanitary Code & Regulations Governing On-site Sewage and On-site Water Supply System Evaluation and Maintenance in Barry and Eaton County, Michigan

The Barry-Eaton District Health Department *Sanitary Code, Article VIII Board of Appeals* and the *Regulations Governing On-site Sewage and On-site Water Supply System Evaluation and Maintenance in Barry and Eaton County, Michigan* (including the Time of Sale or Transfer “TOST” program), *Article XI Appeals* provide an opportunity for an appeal of the rulings or decisions of the health officer charged with the enforcement.

The procedure to be utilized when requesting an appeal is as follows:

1. **For requests under Section XI Appeals of the above regulation, the first step (prior to an appeal) is to have an Administrative Conference with the BEDHD.** Section 11.1 states: Any person taking exception to, or aggrieved by, a decision, ruling, requirement, violation notice, denial, disapproval or order issued by the Health Officer under these Regulations, *after an opportunity for an Administrative Conference* with the Health Officer or his/her designated representative, has the right to an administrative review. Such reviews shall be conducted in accordance with written procedures found in Article VIII of the Barry-Eaton District Health Department Sanitary Code and applicable provisions of the Administrative Procedures Act of 1969.
2. **The request for any appeal shall be made in writing to the Sanitary Code Appeals Board. The written request shall state the variance, which is being requested and a comprehensive explanation of why such a variance should be granted. Include any additional information, which is relevant such as permit numbers, addresses, date of the initial decision, etc.**
3. **It is required that the current fee be deposited upon filing a request for a hearing. A check or money order, made payable to the Barry-Eaton District Health Department shall be included with the request.**
4. **An opportunity for a hearing shall be granted no less than ten (10) days nor more than forty-five (45) days after the receipt of the request.**
5. **The Appeals Board shall notify the appellant in writing of the location, time, and date of the hearing. Said notice shall be sent at least seven (7) days prior to that time designated for the hearing.**
6. **The appeal request shall be sent to:**
Barry-Eaton District Health Department
Attn: Director of Environmental Health
1033 Health Care Dr.
Charlotte, Michigan 48813

The final decision of the Appeals Board shall be by majority vote and that decision shall be final. The Appeals Board shall furnish the appellant with a written report of its findings and decision within ten (10) days after the date of the final hearing.



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APPLICATION FOR HEARING

RE: On-Site Water or Wastewater Findings

Pursuant to the Barry-Eaton District Health Department *Sanitary Code*, Article VIII Board of Appeals, and/or the *Regulations Governing On-site Sewage and On-site Water Supply System Evaluation and Maintenance in Barry and Eaton County, Michigan*, Article 11 Appeals, I hereby seek an administrative review of the Barry-Eaton District Health Department action as explained below.

Facility/Property Address: _____

Township: _____ Parcel ID No. _____

Appellant Name: _____ Address: _____

City _____ State _____ Zip _____ Phone: _____

Property Owner (if different from appellant): _____

Address: _____

Property Size _____ Current Zoning Classification: _____

Adjacent Property Classification: N _____

S _____

E _____

W _____

Description of Proposal or Concern:

If appeal is seeking relief from denial of approval to construct an on-site wastewater system, it is necessary to submit the following with this application:

a) Legal description of the parcel or survey of parcel.

b) Site plan (drawn to scale) to include the following:

1. Dimensions of Property
2. Location of Proposed House
3. Location of Proposed System
4. Roads – i.e. Names
5. Property Lines
6. Direction Arrow – North
7. Location of Well (Proposed)
8. Location of Drains on Property and Name of Same
9. Is site in the floodplain? If yes, map required
10. Relationship of proposed septic to neighbor’s well and septic system.
11. Verification that connection to available public sewer is not mandated by sewer authority, if applicable.

c) Other Pertinent Information:

Variations may be granted only when all of the following conditions have been determined to exist:

- a) No substantial health hazard or nuisance is likely to occur therefrom;
- b) Strict compliance with regulations or requirements would result in unnecessary or unreasonable hardship;
- c) No state statute or other applicable laws would be violated by such variance;
- d) The proposed variance would provide essential equivalent protection for the public health and would be in the public interest

NOTE: Complete applications for an appeal must be filed with the Barry-Eaton District Health Department no less than ten (10) days prior to the second Thursday of each month. Board of Health meetings occur the fourth Thursday of the month.

Signature _____ Date: _____

*****FOR DEPARTMENT USE ONLY*****

Hearing Date _____ Receipt Number _____

Result of Hearing: _____

App.hear.10-01.15