

Barry-Eaton District Health Department

330 W. Woodlawn Ave.
Hastings, MI 49058
Phone: 269-945-9516 ext 35
Fax: 269-818-0237

Environmental Health Division

1033 Health Care Dr..
Charlotte, MI 48813
Phone: 517-541-2615
Fax: 517-541-2686

APPLICATION FOR EVALUATION OF EXISTING WELL &/OR SEWAGE SYSTEM

For new use, change of use or other property changes

A. Site information (*required information):

Site Address _____ City _____ Zip _____

Township _____ Section _____ Parcel Number (found on property taxes) _____

Old Address _____ Property Size/Acres _____ Side of Road N E S W

Subdivision _____ Lot # _____ Approximate year existing structure constructed _____

B. Reason for Evaluation: check all that apply

<input type="checkbox"/> Replacement of Existing Structure/House {A}	<input type="checkbox"/> Pole Barn: size: ____x____ {E}	<input type="checkbox"/> Re-Zoning of Property {G}
<input type="checkbox"/> Adding Bedrooms {B}	<input type="checkbox"/> Fire or Loss of Structure {F}	<input type="checkbox"/> Conditional Use Zoning {H}
<input type="checkbox"/> Additional Structures {c}	<input type="checkbox"/> Other, describe _____ {E}	<input type="checkbox"/> Change of Use/Zoning {I}
<input type="checkbox"/> Addition to Existing Structure {D}	<input type="checkbox"/> Swimming pool: in ground or above (circle one) {E}	<input type="checkbox"/> Demolition {J}

C. In order to assess the proposal the following information is required:

All applications: Fuel oil or gasoline storage tanks on the property? Yes No If yes, location(s) _____
Is Municipal Water Available? Yes No Is Municipal Sewer Available? Yes No

Residential use: Number of initial bedrooms ____ . # Additional bedrooms proposed ____ . # of intended occupant's ____
Will the structure have a garbage grinder? Yes No

Non-residential use: Type explain (store, office, commercial, etc.): _____
Number of employee's ____ . # of patrons per day (using water or restrooms) _____

D. Provide a site plan of the structure well &/or septic, driveway, property lines & proposed addition, new structure, etc. as applicable

E. Owner/Applicant Information:

Applicant _____ Owner? Yes No Current Owner: _____

Mailing Address _____ City _____ Zip _____ Phone # _____

Signed _____ Date _____

F. Report to: Mail to above address Fax to Planning and Zoning: # _____
Fax to Building Dept.: # _____ other fax or email: _____

Review Fee: Field & Site Plan Review (Reasons {A, B, D, E} above) \$117 {F above: \$30}
OR

Site Plan/Office Review \$28 (Reasons {C,G,H,I,J} may be eligible for office review only)

Fee _____	Receipt # _____	Date Paid _____	Facility # _____	Employee # _____
Site Plan submitted? Y N Office review only _____ Field review _____ Appointment Date & Time _____				

Site Plan for Property Changes &/or Change of Use at:

(Address) _____ **(township)** _____ **(section)** _____

To review your application, a detailed site plan should be provided. Detailed records of your on-site well and septic may be available at the Environmental Health Office.

Diagram to show:

- Road, property lines and existing buildings (a current survey is helpful in creating your sketch).
- Existing well(s) location and measurements from the house and other “permanent” site features such as survey stakes, fence, and utility poles. Show old wells used for irrigation, etc.
- Location of existing septic tank(s), sewage disposal system, and any pre-approved replacement/reserve drain bed area. Give measurements of known locations. Do not estimate.
- The location of the addition or new structure (include existing structure location).

Applicant's Site plan:

↑

REVIEWED BY(sanitarian): _____ Date: _____ Field visit needed:[] Y [] N
Approved: _____ Denied: _____ Comments: _____

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How to Prepare for an Operational and Maintenance Evaluation

Evaluation of Existing Well and/or Sewage Disposal System with a “change of use” or property changes

The intended purpose of the evaluation is to determine if the existing well and/or septic system can provide sufficient use for the proposed property alterations while taking the future repair and replacement areas into consideration.

After it has been determined that your proposed property alterations will require this evaluation, it will be necessary to completely fill out an application. In order to make an accurate assessment of your site, it is very important to provide all the information that is requested on this form. It is expected at the time of application that the appropriate fee is paid and an appointment will be made for the area Sanitarian to meet with the applicant, if necessary.

Answers you will need for the Sanitarian at the time of the evaluation are as follows:

1. Where the well to be evaluated is located?

If the well is buried, its location will need to be accurately staked or uncovered prior to meeting the Sanitarian.

If you have copies of well permits, well logs or final inspection reports bring them.

2. Is the well working properly?

3. Are there any old wells or discontinued wells on the property and where are they located?

4. Are there any above ground, buried or basement fuel tanks and where are they located?

5. What kind of septic system do you have and where is it?

If you have a drainbed or drainfield have the 4 corners identified.

If you have a drywell it will need to be opened.

If you have copies of septic permits or final inspection reports bring them.

6. Where is the septic tank(s) and what size(s)?

7. When was the septic tank last pumped?

8. How old is the system?

9. Are there any old septic systems no longer in use?

10. Will the structure have a water softener or a garbage disposal in the kitchen sink?

11. Do you have any further information that may help your Sanitarian assess your request?

It may be necessary to arrange with outside parties to help you answer these questions such as previous owners or contractors. In order for this department to accurately determine the feasibility of your request your assistance is crucial.

To allow for completion of the evaluation, the owner or owner’s (adult) representative will need to meet the sanitarian.

Appointment Day _____ Date _____ Time _____

Area Sanitarian _____ Extension # _____