

**NON-RESIDENTIAL PROPERTY DEVELOPMENT APPLICATION
(COMMERCIAL & OTHER THAN SINGLE OR 2 FAMILY RESIDENTIAL)**

Note: * = required field. Check \checkmark all that apply.

1. Is a service in the SEWAGE SYSTEM PROGRAM being requested? Yes, go to next line. No, go to Water Supply (#4)

* 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 (#2) No, go to Sewage Replacement (#3)

2. **SITE EVALUATION** (formerly called "perk test" or land review for new non-residential construction) **Choose \checkmark 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\$444 per site

Is the property an **existing parcel**? Yes, identify property corners and provide a copy of the survey.\$444 per site

3. **INITIAL or REPLACEMENT SEWAGE PERMIT** (initial sites must first have approved site evaluation) **Choose \checkmark one**

Is new construction or remodeling proposed? Yes, **submit detailed scaled, site development plan, engineering/consultant's plans, estimated flow worksheet & fee.** No, replacing an existing sewage system or part of a sewage system

Initial or Repair Sewage Permit 0-1000 gallons per day.....\$685 Septic Tank ONLY Replacement Permit.....\$224

Initial or Repair Sewage Permit > than 1000 gallons per day.....\$1,164

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

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

Is new structure construction proposed? Yes, **submit detailed site development plan, peak demand worksheet & fee**

Initial Type III Well Permit (less than 25 people per day and less than 60 days per year).....\$229

Replacement Type III Well Permit (less than 25 people per day and less than 60 days per year).....\$229

Irrigation or test well *provide pump capacity _____ Fee (pick one): < 70 GPM= \$210.00 OR > 70 GPM = \$246

Type II Well Permit (new or replacement serving 25 or > different persons 60 or more days per year) Transient (\$361 +\$16=).....\$377

Non-transient (serves the same 25 or > persons on a regular basis). (\$473 + \$16 =)..... \$489

Type II fee includes one coliform bacteria sample taken at final inspection.

*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:** _____

Proposed Specifications (all fields *completion required. May use separate sheet.)

employees: _____ # daily customers _____ Days of Operation _____ Hours of operation ___ am/pm to ___ am/pm

Name or Describe type of business (example convenience store, office, strip mall): _____

Building Dimensions: _____x_____ Proposed pump capacity _____ gallons per minute Are there existing wells on site? Yes No

Applicant's Name: _____ Current Property Owner: _____

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 contact MISSDIG to have the utilities marked.

*Applicant's Signature: _____ Date: _____

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

FEE: _____ DATE: _____ RECEIPT #: _____ CALL PICKUP FAC#: _____ APP # _____

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 A MAP BELOW



FOR OFFICE USE ONLY

(FOR OFFICE USE) SEPTIC REPLACEMENT DATA:

Reason for Repair Permit: CHECK ONE ONLY

1. System failure: SYSTEM SURFACING OR BACKING UP Most probable cause of failure

(Check 1 ONLY)

- Age (11)
- Lack of maintenance (12)
- Use exceeding system design (13)
- Leaking fixtures (14)
- Use exceeding site conditions (15)
- Installation techniques (soil compaction, soil moisture) (16)
- Improper fixtures connected (circle: sump pump, eaves, water softener) (17)
- No system (18)
- Direct surface discharge (2)

3. Nearing the end of its life expectancy

4. Building/Site Improvements

5. Other: _____

EXISTING SYSTEM INFORMATION:

Age of System: _____ years, known approx.

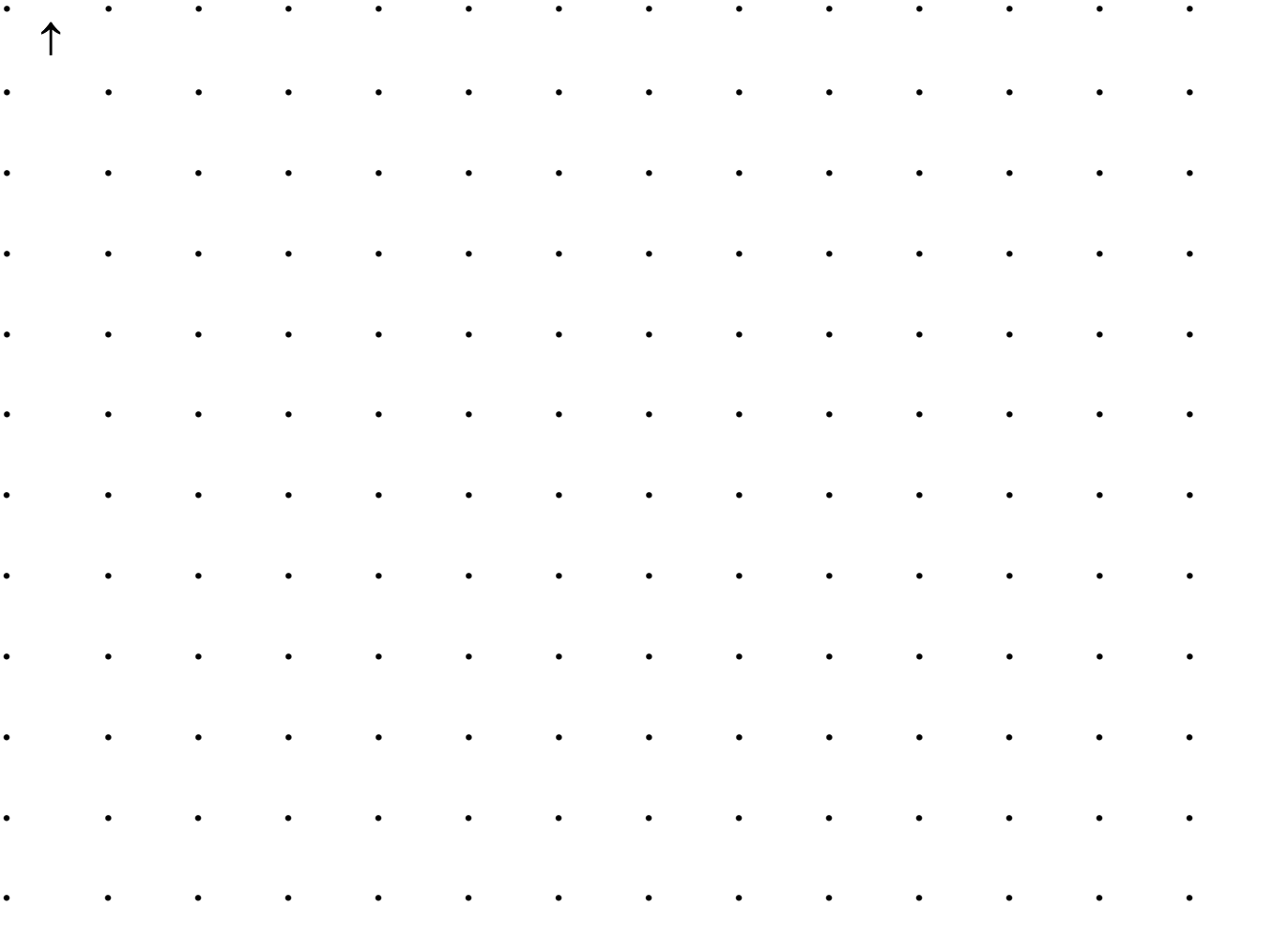
Tank capacity: _____ gal., known approx.

System type: none trenches bed drywell
 block trench unknown other _____

System size: _____ sq. ft. known approx.
_____ gallons (drywell)

Proposed Site Development Plan





Scale: _____ = _____

Prepared By: _____ Date: _____

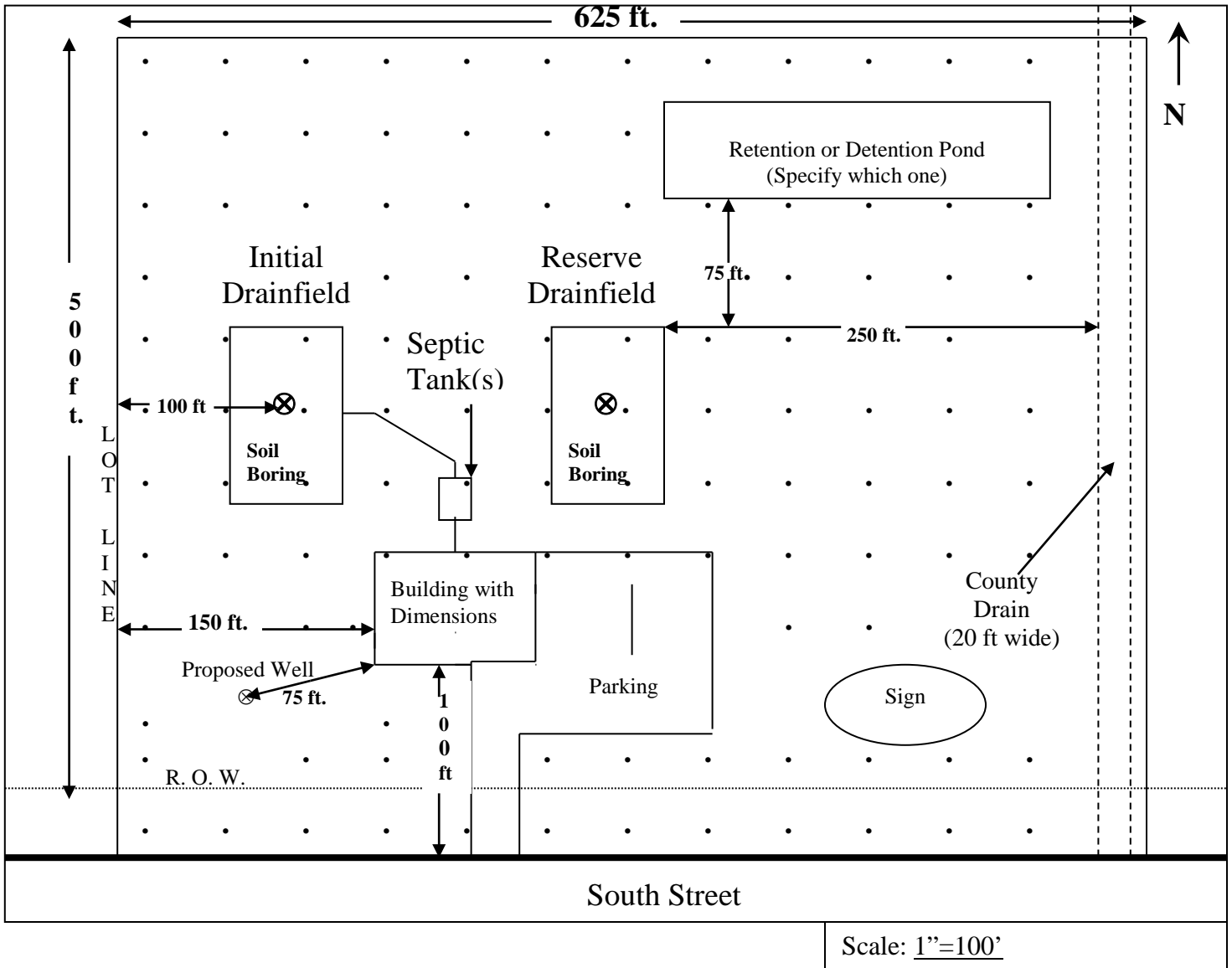
PROJECT (Bold items are required):

Address/Road:	Location (Township/Section):
Property Tax ID Number:	Parcel/Lot Number, where applicable:
Owner's Name:	Daytime Telephone Number:

✓ **APPROVALS CHECKLIST:** Use of this section may assist you in tracking approvals by several agencies.

Yes	No	Department	Date	Yes	No	Department	Date
		1. Health Department				4. Local/Zoning	
		2. Road Commission/MDOT				5. Other: (such as MDEQ for wetlands, floodplain, etc)	
		3. Drain Commissioner (if applicable)				6. Building Department	

Example Non-residential Site Plan



Prepared By: _____ Date: _____

Project (**Bold items are required**):

Address/Road:	Location (Township/Section):
Property Tax ID Number:	Parcel/Lot Number, where applicable:
Owner's Name:	Telephone Number:

Remember to show all of the following:

- ✓ Lot/parcel lines
- ✓ Lot/parcel dimensions
- ✓ Soil boring locations (from BEDHD Site Evaluation)
- ✓ Proposed drainfield areas (initial and reserve)
- ✓ Proposed well location
- ✓ Setbacks from property lines to all buildings
- ✓ Dimensions of all buildings, distance (in feet) to proposed lot lines and buildings
- ✓ All easements, including utilities, drainage easements, and road right of ways
- ✓ Any on-site or neighboring fuel oil tanks, gasoline tanks, or pastures.
- ✓ Future or proposed additions, overflow parking, and proposed detached structures.
- ✓ Width of drain easement

Barry-Eaton District Health Department

Environmental Health Division

330 W. Woodlawn
 Hastings, Mi. 49058
 Phone: 269-945-9516 ext. 5
 Fax: 269-818-0237



1033 Health Care Dr.
 Charlotte, Mi. 48813
 Phone: 517-541-2615
 517-485-7110
 Fax: 517-541-2686

FACILITY _____ **WSSN** _____

DATE _____ **FACILITY #** _____ (to be completed by health department)

WORK SHEET FOR DETERMINING WATER SUPPLY/WELL PEAK DEMAND USING FIXTURE VALUE METHOD

Quantity	Fixture	Fixture Value	Total Fixture Value
	Water closet w/tank	5	
	Water closet w/flush valve	27	
	Urinal w/tank	4	
	Urinal w/flush valve	15	
	Lavatory	3	
	Bathtub or tub/shower combo	10	
	Shower	6	
	Drinking fountain	2	
	Hose bibb 1/2" connection	3	
	Hose bibb 5/8" connection	5	
	Hose bibb 3/4" connection	10	
	Washing machine 1/2" connection	3	
	Washing machine 5/8" connection	5	
	Washing machine 3/4" connection	10	
	Laundry tray	8	
	Lawn sprinkler (per head)	5	
	Auto washing, hand spray type	5	
	Tractor and equipment washing	5	
	Water softener regeneration	7	
	Dental unit	1	
	Dental lavatory	2	
	Garbage disposal (domestic)	3	
	Garbage disposal (commercial)	5	
	Kitchen sink (small)	6	
	Kitchen sink (large)	8	
	Spray rinse, hand operated	4	
	Ice machine	2	
	Ice cream machine	2	
	Ice cream dipper well	2	
	Glass filling unit	2	
	Hot chocolate unit	0.5	
	Coffee urn	0.5	
	Other (i.e. dishwasher, mop sink)		
	TOTAL		

WORK SHEET

FOR MINIMUM QUANTITIES OF SEWAGE FLOW FOR **NON-RESIDENTIAL USE**

Instructions: Please complete this form before fillout out a permit application for waste water disposal. The information that you provide must reflect your current or expected business plus some growth if anticipated.

Please provide answers for the 5 boxes.

Volume of waste water that can be expected.

1 Type of Establishment	Number of workers, customers, bed space, seats available	Gallons
	Gallons per person per day (unless otherwise noted)	
Auto Service Stations (per vehicle served) -----	3 x	= _____
Bed & Breakfast -----	50 x	= _____
Campgrounds - individual sewer outlets (per site) -----	100 x	= _____
served by service building (per site) -----	75 x	= _____
Construction camps (semi-permanent)-----	50 x	= _____
Day Camps (no meals served)-----	50 x	= _____
Resort Camps - limited plumbing (per bed space)-----	50 x	= _____
Luxury Camps (per bed space) -----	100 x	= _____
Church (per auditorium seat) -----	3 x	= _____
Church (with substantial kitchen wastes, per auditorium seat) -----	7.5	= _____
Country Clubs and Golf Club -----	*	= _____
Dwellings: Customers -----	5 x	= _____
Apartments - 3 units or more (per bedroom)-----	150 x	= _____
Luxury Residences and Estates-----	150 x	= _____
Multiple Family Dwellings (apts. & condos) per bedroom -----	150 x	= _____
Group Homes for Developmentally Disabled (per bed space) -----	150 x	= _____
Adult Foster Care Home (per patient) -----	150 x	= _____
Factories (gallons per person, per shift) -----	35 x	= _____
Hair Styling Salons (per chair)-----	170 x	= _____
Marinas (full service, i.e., service building, pump per slip) -----	60 x	= _____
Mobile Home Parks (per space) -----	200. X	= _____
Office Buildings (per square foot of building space) -----	1/10 gal. X	= _____
Medical Care Office -----	25 x	= _____
Picnic Parks with Bathhouses, Showers and Flush Toilets -----	*	= _____
Rental Halls with intermittent use (Township Halls) per seat -----	5 x	= _____
Restaurants & Bars -----	*	= _____
Schools (per student):		
Boarding (per bed space)-----	75 x	= _____
Day, without gyms, cafeterias, or showers -----	15 x	= _____
Day, with gyms, cafeterias, and showers -----	25 x	= _____
Day, with cafeterias, but without gyms or showers-----	20 x	= _____
Swimming pools -----	10 x	= _____
Theaters: Movie (per auditorium seat) -----	5 x	= _____
Workers (per person per shift)-----	15 x	= _____
Other (Please consult with a Sanitarian) -----	() x	= _____

GALLONS PER DAY
(Box 5)

--	--

2	Will there be wastewater generated other than restrooms, showers, laundry, handsinks, etc.? Yes _____ No _____
3	Will there be a floor drain?: Yes _____ No _____
4	Did you allow for future expansion?: Yes _____ No _____

*Refer to Appendix of Michigan Criteria for Sub-Surface Sewage Disposal (April 1994)

Barry-Eaton District Health Department

330 W. Woodlawn Ave.
Hastings, MI 49058
Phone: 269-945-9516 Ext. 5
Fax: 269-818-0237

Environmental Health Division

1033 Health Care Dr.
Charlotte, MI 48813
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INSTRUCTIONS FOR PERMIT TO INSTALL ON-SITE WATER SUPPLY AND/OR WASTEWATER SYSTEM

APPLICATION

- The permit **application** must be neatly completed and all information provided.
- For new construction sites include a **copy of the approved Site Evaluation** report for the pertinent lot. Proposals to re-locate the drainfield from the originally approved area will require application and fee for another Site Evaluation.
- A **scaled site plan** showing the property dimensions, right of way, easements, water bodies, proposed building locations and dimensions, location of proposed water supply and wastewater system, any neighboring water supplies, wastewater systems and petroleum product tanks (home heating fuel, gasoline, etc.) within 100' of property lines must accompany each application. **If permit is for a replacement water supply, a detailed site plan reflecting the applicable portion of the above requirements may be submitted.**
- Allow a **minimum of three working days** for permit processing. Permit processing may take longer during busy times. It may be necessary to re-visit some sites prior to issuance of the permits.
- All work shall be performed in accordance with the approved site plan, which shall become a part of the permit authorizing system construction.

INSTALLATION, FINAL INSPECTION & PREMISE OCCUPANCY

- Water softener discharge, footing drains, sump pump discharge, and other water not requiring sanitary treatment and disposal shall not be directed to septic tank or final disposal system.
- A compliance inspection of the water supply system shall be requested upon well completion (pump and pressure tank) and upon septic installation completion. **There shall be no occupancy to the newly constructed premise or use of the water and/or wastewater system prior to approval by the Barry-Eaton District Health Department.**
- The applicant/owner remains responsible for obtaining all permits or approvals in addition to those required by the Barry-Eaton District Health Department. Check with township or county officials to be certain all requirements have been met for permits prior to beginning any construction project. State permits may also be necessary (for example, dredge/fill or flood plain permitting).
- Authorization to proceed with construction of the water supply and/or wastewater system and subsequent approval of the construction is not to be implied as a guarantee of future system operation. Many interrelating factors contribute to the successful operation of a wastewater system and continued acceptable water quality, as such no assurances are implied or stated.
- The Barry-Eaton District Health Department recommends that a septic tank be assessed for solids accumulation every 3-5 years and pumped as necessary. The increase of wastewater discharge volumes above design capacity resulting from installation of garbage disposals, high use water fixtures, premise occupancy without providing for a corresponding increase in disposal system capacity may adversely affect the system's operation.

BARRY-EATON DISTRICT HEALTH DEPARTMENT SANITARY CODE:

Article IV, Section II. Permits Required – No person, firm, company, or corporation shall construct, alter, extend, or replace or cause construction, alteration, extension or replacement of any individual sewage disposal system unless he has first obtained a permit issued by the Health Officer.

Article X, Section IV. Permits for All Water Supply Systems – From and after the effective date of these regulations, it shall be unlawful for any person to construct any new water supply system within Barry or Eaton Counties unless the owner or his representative has obtained a construction permit issued by the Health Officer to construct same.

Any party aggrieved by a decision pursuant to the Sanitary Code shall have the right of appeal as provided for in Article VIII of the Sanitary Code. Contact the Environmental Health Division for additional information.



Department of Environmental Quality
Office of Drinking Water and Municipal Assistance
Application and Permit to Install Water Supply System
Completion is required under the authority of Part 13, 1976 PA 399

Shaded areas for Local Health Department or DEQ use only.

Permit to:	<input type="checkbox"/> Construct a Public Well Under 1976 PA 399	<input type="checkbox"/> Alter a Public Well Under 1976 PA 399
Well Permit Number	WSSN	Source ID

Establishment Name _____		Address _____	
City _____		State <u>MICHIGAN</u>	Zip _____
County _____		Township _____ Section _____	
Owner/Manager Name _____			
Address _____		Contact Phone _____	
Average No. of Persons Served Per Day _____		No. of Service Connections _____	
Premise Type _____ <small>(Restaurant, Campground, School, etc.)</small>		License Type _____ <small>Food, Campground, DHS, etc.)</small>	
Seasonal Operation	No <input type="checkbox"/>	Yes <input type="checkbox"/>	From _____ To _____
Applicant Name _____		Address _____	
City _____		State _____	Zip _____
<i>I hereby apply for this permit and have authorization to do so. I understand this is a construction permit only and that the well is not to be put into service until approval has been granted. I further state the information given is accurate and complete.</i>			
Applicant's Signature _____		Date _____	Phone () - _____

Provide scale drawing where indicated.
DO NOT PROCEED WITH CONSTRUCTION WITHOUT PERMIT APPROVAL FROM THE LOCAL HEALTH DEPARTMENT
PERMIT IS VALID FOR 2 YEARS FROM THE DATE OF ISSUANCE

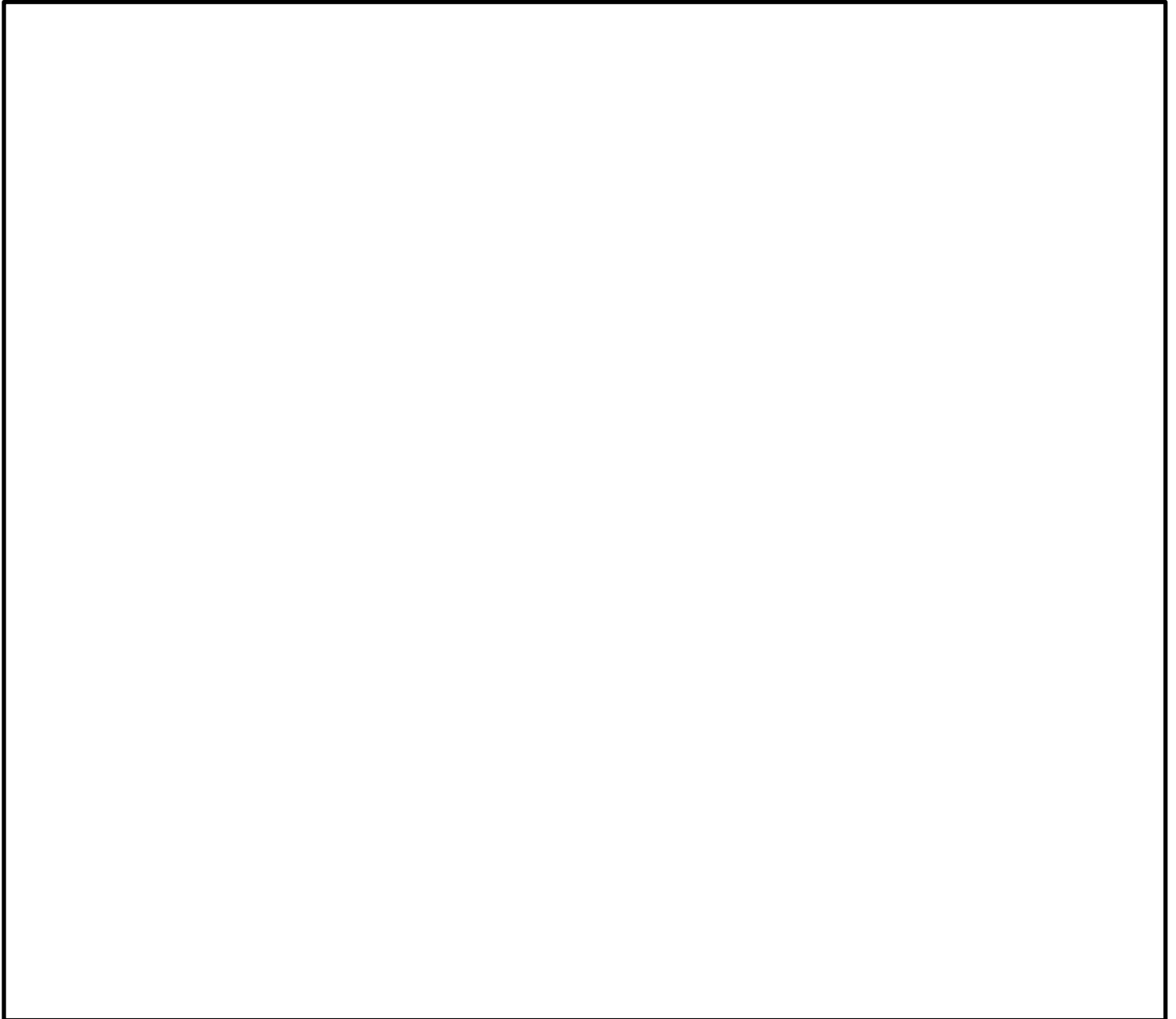
Well Site Evaluation By _____		Date _____	
Classification	Type IIA <input type="checkbox"/>	Type IIB <input type="checkbox"/>	Required Minimum Pump Capacity _____ GPM
Standard Isolation Area _____ Ft.		Major Isolation Area _____ Ft.	
Permit Conditions/Deviations _____			
Permit Approval/Denial		By _____	Date _____
<i>Not valid unless signed by local health department</i>			

Final Inspection By _____		Date _____	
Casing Termination Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Storage Tank Approved Yes <input type="checkbox"/> No <input type="checkbox"/>
Well Location Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sample Tap Approved Yes <input type="checkbox"/> No <input type="checkbox"/>
Well Construction Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pressure Relief Valve Yes <input type="checkbox"/> No <input type="checkbox"/>
Well Record Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pump Capacity Adequate Yes <input type="checkbox"/> No <input type="checkbox"/>
1 ST Coliform Bacteria Test	Result _____	Date _____	Nitrate Test Result _____ Date _____
2 ND Coliform Bacteria Test	Result _____	Date _____	Other _____ Result _____ Date _____
Water Supply Approved By _____		Date _____	
Comments _____			

WSSN: _____ Facility Name: _____

SCALE DRAWING:

Make a SCALE DRAWING indicating north, including dimensions, in the space provided below or attach separate sheet. Show well location in respect to all possible sources of contamination, including adjacent properties, sewer lines, septic system(s), and major sources of contamination. This drawing must be approved by the local health department before installation of the well.

A large, empty rectangular box with a black border, intended for the user to draw a scale drawing of the well location and surrounding features.

After well construction is completed, a water well and pump record must be submitted and approved, the local health department is to be notified for final inspection, and applicable sampling of the well and water supply system is to be completed. Approval from the local health department is required prior to placing water supply well into service.



EXISTING AND PROPOSED FIXTURE COUNT
For Calculating Peak Demand

Facility Name _____ Date _____
Well Permit # _____ WSSN _____
Contact Name _____ Phone _____

Please fill in the quantity for each of the following fixtures.

- | | | | |
|--|-------|--|-------|
| 1. Water closet, with tank | _____ | 22. Spray rinse, hand operated | _____ |
| 2. Water closet, with flush valve | _____ | 23. Ice machine | _____ |
| 3. Urinal, with tank | _____ | 24. Ice cream machine | _____ |
| 4. Urinal, with flush valve | _____ | 25. Ice cream dipper well | _____ |
| 5. Lavatory | _____ | 26. Glass filling unit | _____ |
| 6. Bathtub, or tub/shower
Combination | _____ | 27. Hot chocolate unit | _____ |
| 7. Shower | _____ | 28. Coffee unit/urn | _____ |
| 8. Drinking fountain | _____ | 29. Groundwater heat pump ** | _____ |
| 9. Laundry tray | _____ | 30. Air conditioner
(water cooled) ** | _____ |
| 10. Service/Mop sink | _____ | 31. Evaporative cooler ** | _____ |
| 11. Lawn sprinkler,
per sprinkler head ** | _____ | 32. Bulk chemical dispensing unit ** | _____ |
| 12. Auto washing, hand spray type | _____ | 33. Boiler unit/steam heating unit ** | _____ |
| 13. Tractor and equipment washing | _____ | 34. Washing machine | |
| 14. Water softener | _____ | A. 1/2" connection | _____ |
| 15. Dental unit | _____ | B. 5/8" connection | _____ |
| 16. Dental lavatory | _____ | C. 3/4" connection | _____ |
| 17. Garbage disposal –
domestic/household | _____ | 35. Hose bibb or Yard hydrant | |
| 18. Garbage disposal –
Commercial | _____ | A. 1/2" connection | _____ |
| 19. Kitchen sink – small | _____ | B. 5/8" connection | _____ |
| 20. Kitchen sink – large/double | _____ | C. 3/4" connection | _____ |
| 21. Automatic dishwasher ** | _____ | 36. Other | |
| | | A. _____ | _____ |
| | | B. _____ | _____ |
| | | C. _____ | _____ |

**Please include manufacturer specifications for water demand (gpm) required per fixture.
Fixture count sheet to be completed and submitted with the permit application.

TEMPLATE FOR LHD LETTERHEAD

Instructions for Completing a Noncommunity Water Supply Permit Application

1. Completely fill out the top section and the scale drawing areas (non-shaded) of the Michigan Department of Environmental Quality's "Application and Permit to Install Water Supply Facilities". A scaled drawing is to be completed on the back of the application in the provided space. A separate sheet of paper may be used for the scale drawing. The scale drawing should include the following:

- The distance from the proposed well site to any potential sources of contamination such as buried storm drains, sanitary and storm sewer lines, septic tanks, drainfields, drywells, grease traps, abandoned wells, surface water, livestock holding areas, etc.
- The distance to all major sources of contamination on the property or on adjacent properties such as: landfills, large scale chemical storage, waste lagoons, known groundwater contamination sites, buried fuel tanks, above ground fuel tanks, etc.
- The location of well and distribution system in relationship to property lines and all structures on the property. Please indicate any buildings on the property or on adjacent properties that will be served by the well.

2. Fill out the "Existing and Proposed Fixture Count" as completely as possible. If the manufacturer's information is not available, an estimate will be used.

3. Contact the Type II Noncommunity Water Supply Coordinator, <Name>, at <phone> to make an appointment for a site evaluation and information on well construction requirements prior to drilling the water well.

4. Submit the application, fixture count and \$< amount> permit fee to:

<LHD Name>

<LHD Mailing Address>

Payment can be made with cash, check (payable to <Name>), or credit card.

The Environmental Health Staff will conduct a site inspection to review the proposed well location prior to drilling. Water sampling requirements will be determined during the site inspection and application review.

Please call for a final inspection and collection of water samples when the well is completed. **Final approval of the well may be granted when the local health department has: 1. Approved the well construction and pump installation, 2. Received satisfactory water sample results, and 3. Received a satisfactory Water Well and Pump Record from the well contractor(s).**

A permit issued under the Safe Drinking Water Act will expire within 2 years of issuance unless construction or alteration commences. An extension can be applied for through your LHD.