

**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.\$466 per site

Is the property an **existing parcel**? Yes, identify property corners and provide a copy of the survey.\$466 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.....\$719 Septic Tank ONLY Replacement Permit.....\$235

Initial or Repair Sewage Permit > than 1000 gallons per day.....\$1,222

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).....\$240

Replacement Type III Well Permit (less than 25 people per day and less than 60 days per year).....\$240

Irrigation or test well *provide pump capacity _____ Fee (pick one): < 70 GPM= \$221.00 OR > 70 GPM = \$258

Type II Well Permit (new or replacement serving 25 or > different persons 60 or more days per year) Transient (\$379 + \$22) .**\$401**

Non-transient (serves the same 25 or > persons on a regular basis).(\$497 + \$22).. **\$519**

*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: _____

Are there fuel oil or petroleum product tanks on site? (not propane) Yes No

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 (page 2)

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

EMPLOYEE ASSIGNED TO: _____ APPOINTMENT DATE & TIME _____

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)

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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)

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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.



APPLICATION AND PERMIT TO INSTALL OR ALTER A PUBLIC WATER SUPPLY SYSTEM

Completion is required under the authority of Part 13, 1976 PA 399.

Shaded areas for local health department or EGLE 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 _____ Zip _____
County _____	Township _____ Section _____
Owner/Manager Name _____	
Address _____	Contact Phone _____
Average No. of Persons Served Per Day _____	No. of Service Connections _____
Premise Type _____ (Restaurant, Campground, School, etc.)	License Type _____ (Food, Campground, DHHS, etc.)
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 _____	

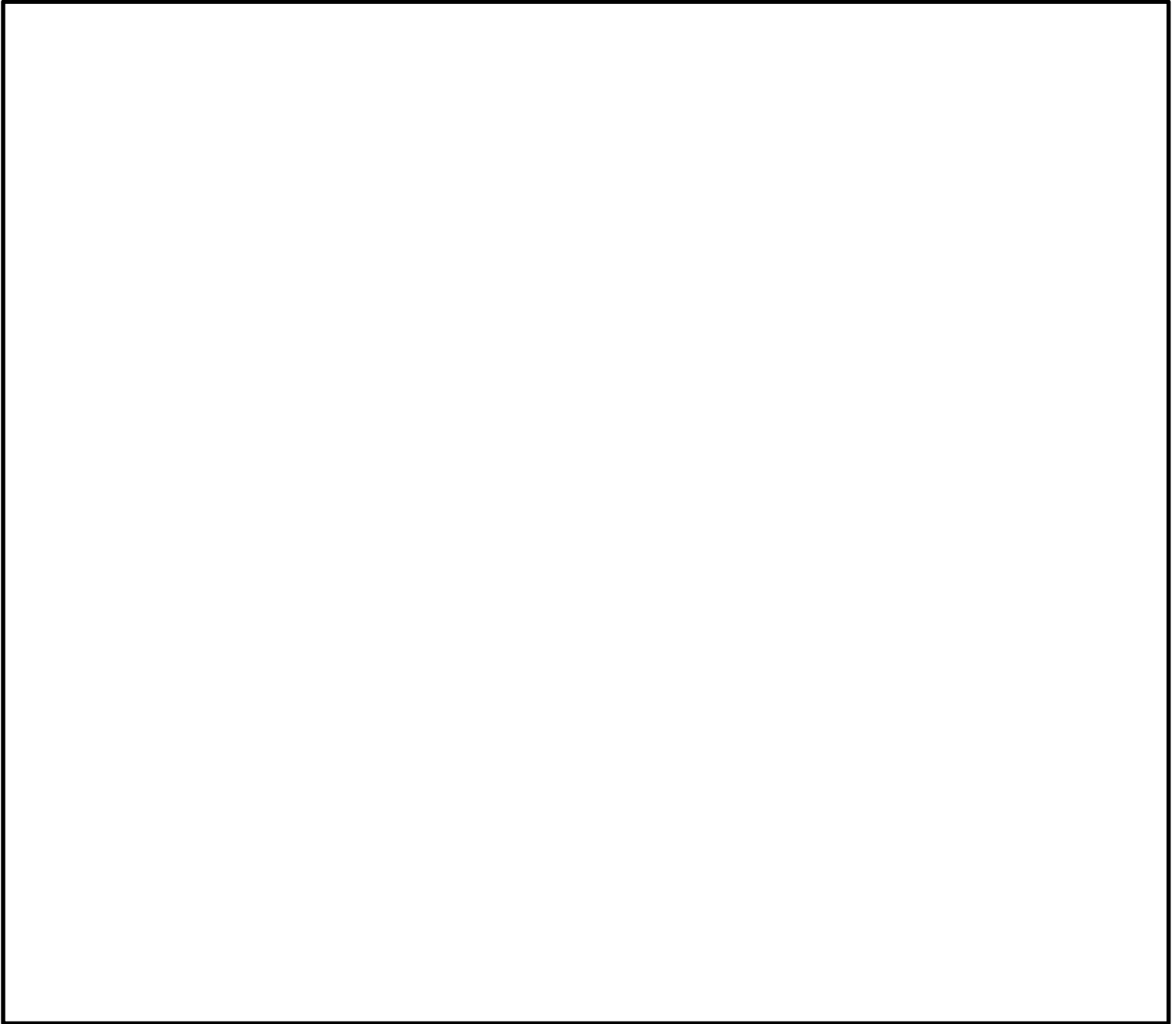
Permit Approval/Denial By _____	Date _____
<i>Not valid unless signed by local health department</i>	

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 area.

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.