

**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.\$480 per site

Is the property an **existing parcel**? Yes, identify property corners and provide a copy of the survey.\$480 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.....\$741 Septic Tank ONLY Replacement Permit.....\$242

Initial or Repair Sewage Permit > than 1000 gallons per day...\$1,259

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).....\$247

Replacement Type III Well Permit (less than 25 people per day and less than 60 days per year).....\$247

Irrigation or test well *provide pump capacity _____ Fee (pick one): < 70 GPM= \$228.00 OR > 70 GPM = \$266

Type II Well Permit (new or replacement serving 25 or > different persons 60 or more days per year) Transient (\$379 + \$24) .**\$414**

Non-transient (serves the same 25 or > persons on a regular basis).(\$497 + \$24).. **\$536**

*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 _____

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:

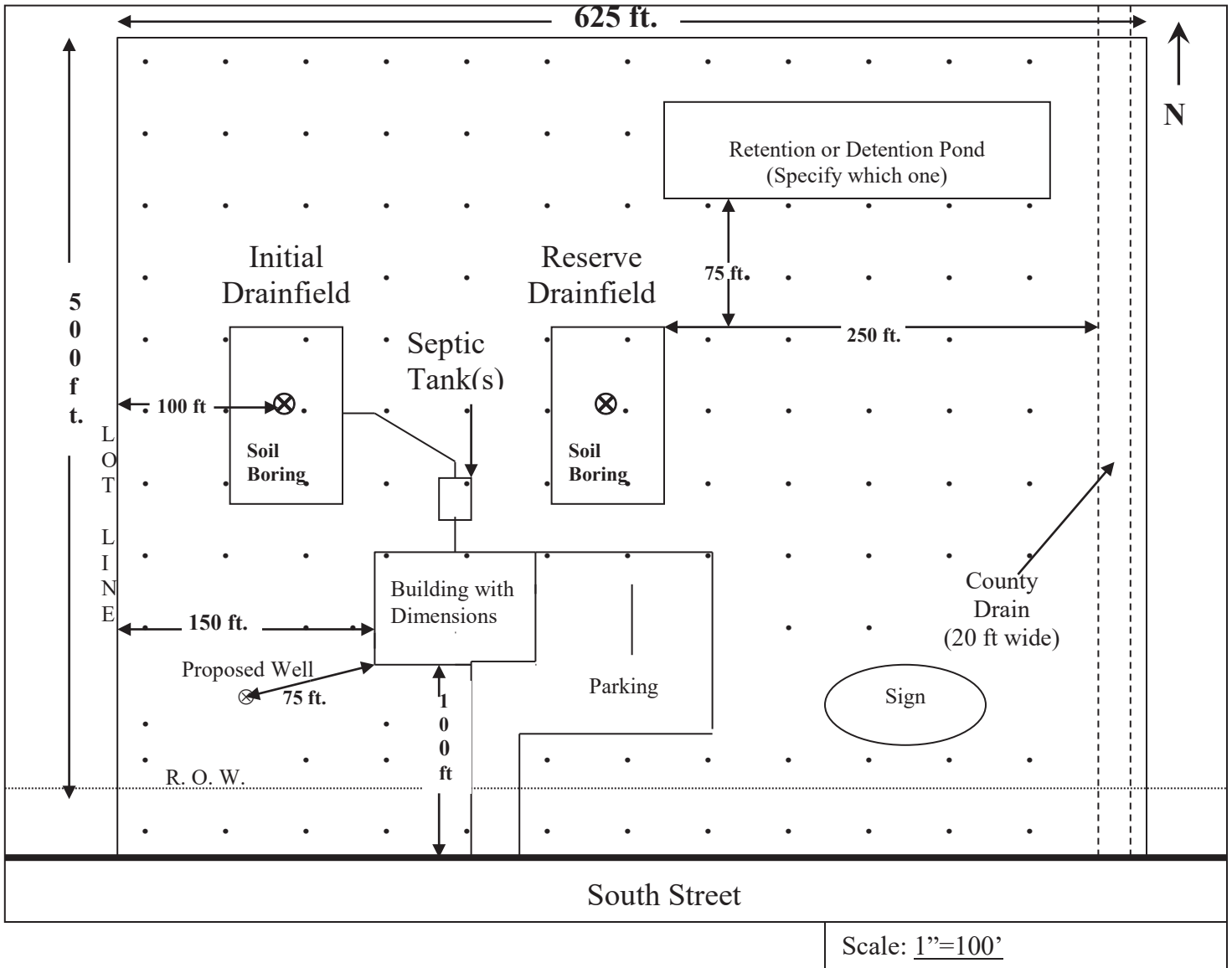
Age of System: _____ years, known approx.

Tank capacity: _____ gal., known approx.

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

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

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

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

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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.