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Barry-Eaton District Health Department

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NON-RESIDENTIAL PROPERTY DEVELOPMENT APPLICATION (COMMERCIAL & OTHER THAN SINGLE/TWO 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. \$720.00 per site

Is the property an **existing parcel**? ☐ Yes, identify property corners and provide a copy of the survey. \$720.00 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.....\$1,112.00 ☐ Septic Tank ONLY Replacement Permit...\$363.00

☐ Initial or Repair Sewage Permit > than 1000 gallons per day...\$1,889.00

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).....\$371.00

☐ Replacement Type III Well Permit (less than 25 people per day and less than 60 days per year).....\$371.00

☐ Irrigation or test well *provide pump capacity _____ Fee (pick one): < 70 GPM= \$342.00 OR > 70 GPM = \$399.00

☐ Type II Well Permit (new/replacement serving 25+ different persons 60+ days per year) Transient (\$585.00 + \$28.00) \$613.00

Non-transient (serves the same 25+ persons on a regular basis). (\$768.00 + \$28.00) \$796.00

*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: _____

Total Fee: \$ _____ Date: _____ Receipt #: _____ Facility #: _____ Nexus #: _____

EHS Assigned: _____ 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

A blank 10x10 dot grid for graphing. The grid consists of 10 columns and 10 rows of dots. In the top-left corner, there is an upward-pointing arrow. In the bottom-right corner, there is a scale bar with the text "Scale: _____ = _____".

Prepared By: _____ Date: _____

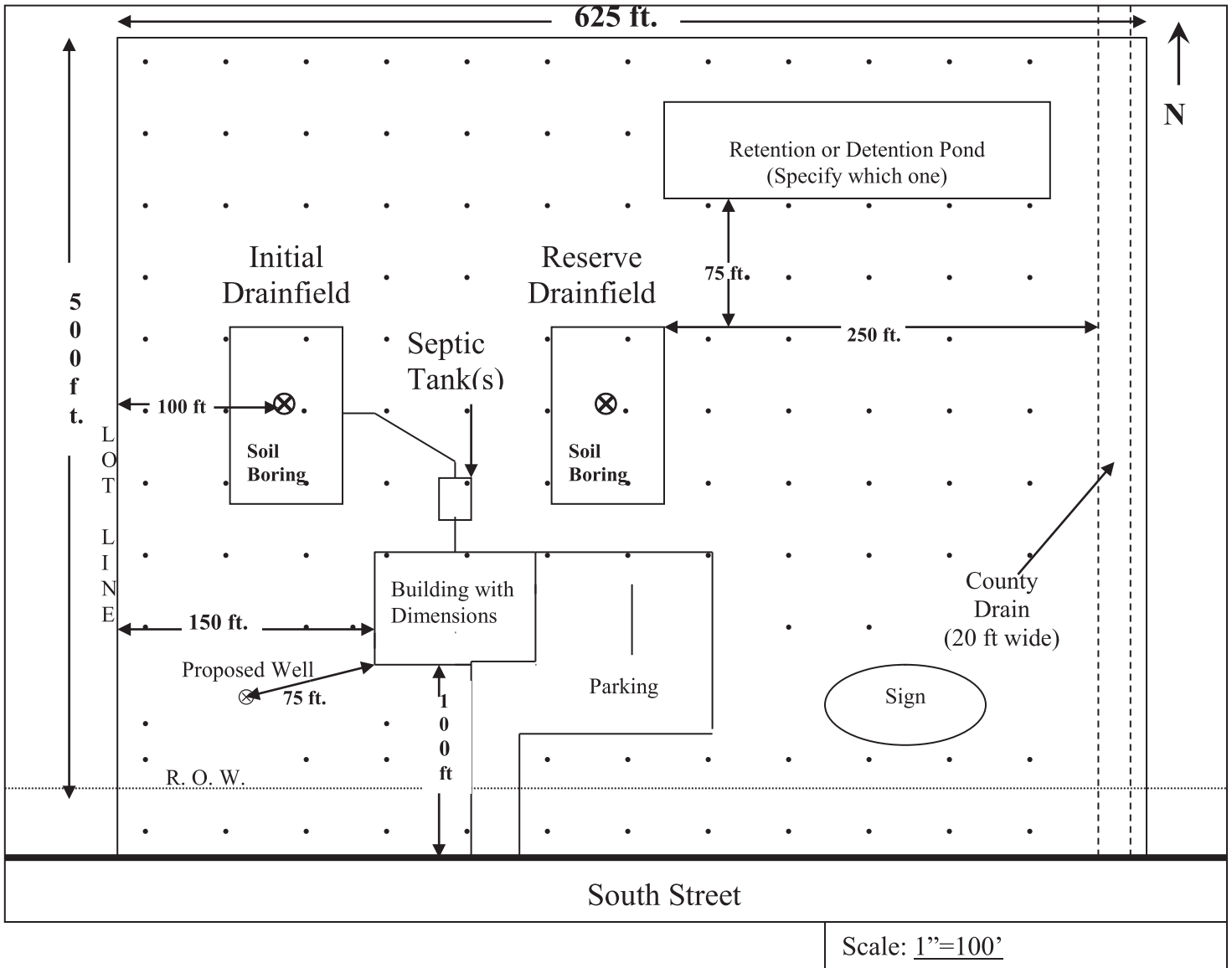
PROJECT (**Bold items are required**):

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

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 per person per day (unless otherwise noted)	Gallons
	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 <input type="checkbox"/> No <input type="checkbox"/>
3	Will there be a floor drain?: Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Did you allow for future expansion?: Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Barry-Eaton District Health Department

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Environmental Health Division

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

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 TO INSTALL OR ALTER
A PUBLIC WATER SUPPLY SYSTEM**

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

Type of Permit Request

- ☐ New well and water supply
☐ Replacement well only
☐ Alteration of an existing public water supply (distribution system)
☐ Conversion from existing operation to new use

Establishment Details

Name: _____

Address: _____

County: _____

Township: _____ Section: _____

PWSID/WSSN: _____ Tax ID: _____

Dates of Operation of the Water System: Year-round ☐ Yes ☐ No, from _____ to _____

Drain all or a portion of the system: ☐ Yes ☐ No

Number of Service Connections (Buildings): _____

Proposed or existing use (Restaurant, Campground, School, Church, etc.): _____

Licenses(s) if applicable (Food, Campground, Childcare, etc.): _____

Wastewater System: ☐ Onsite Disposal (private) ☐ Sanitary Sewer (community)

Owner Details

Owner Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Operator Details

Nontransient systems and systems with regulated treatment

Certified Operator Name: _____

Operator Number: _____

Email Address: _____

Phone Number: _____

Population

Number of Full Time Employees: _____ Number of Part Time Employees: _____

Number of Students (Schools): _____ Number of Children (Licensed Daycare): _____

Average Number of Non-Employees (Guests) Served Per Day:

If the facility is not open every day, use the total of 30 busiest days and divide by 30.

Number of Residents: _____

Water Treatment

(e.g., Softener, In-line Filter, Contaminant Removal)

An additional treatment permit may be necessary once the treatment scope is reviewed.

Is there proposed or existing water treatment? ☐ Yes ☐ No

Describe all treatment devices and their purpose(s) :

Well Installations (if applicable)

Registered Well Contractor Company Name: _____

Phone Number: _____

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.

Project Description

Provide a detailed description of the project. Provide product information if you are installing any fixtures, treatment devices, filters, etc. All products must meet NSF/ANSI 60 and 61 to be approved for use in a public water supply system. Use additional sheets as necessary.

(Examples: Remodel project will include replacing all current plumbing fixtures. Replacing pressure tanks. Replacing water softener.)

☐ Complete the Fixture Count Worksheet

Method(s) used to calculate peak demand: _____

Estimated peak demand (gallons per minute): _____

The applicant may have like-sized facilities where water usage is known, e.g., chain of fast-food restaurants. In those cases, the system sizing could be based upon the known water usage and pumping capacity. If used to estimate peak demand, submit documentation of water usage at the like-sized facility with this application.

If applicant proposes installation of a pump less than the peak demand calculation from the permit, additional information will be required.

☐ If the manufacturer's rated pump capacity is or will be greater than 70 gallons per minute, completion of the Michigan's Water Withdrawal Assessment Tool (WWAT) is required. The WWAT is available at the following link [Water Withdrawal Assessment Tool](http://www.EGLE.State.MI.US/WWAT) (<http://www.EGLE.State.MI.US/WWAT>).

Drawing

Describe the type of drawing submitted (engineered plans, scale drawings, etc.). If engineered plans are available, submit a full set of project plans with this application.

Type of Drawing:
(hand, scaled,
engineered) _____

If Applicable:

Professional Engineer
or Consultant Name: _____

Email Address: _____

Phone Number: _____

If engineered plans are not available, submit a scale drawing on an 8.5" x 11" paper or larger. The drawing must minimally include:

1. North arrow
2. Property lines and dimensions
3. Streets or roads and driveways
4. Existing and proposed buildings – include distance to roads and landmarks
 - a. Indicate proposed additions or changes to existing buildings for remodeling.
 - b. Attach existing and proposed floor plan for remodeling.
5. Well locations – (proposed and/or existing) with distance to wastewater discharge system shown
6. Wastewater discharge system components – proposed and/or existing
7. Neighboring wastewater discharge systems (within 300 feet)
8. Sanitary and storm sewers
9. Surface water, e.g., lakes, streams, ponds
10. Underground and above ground fuel storage tanks
11. Utilities, e.g., electric (above and below ground), natural gas, propane, phone

Certification

I hereby apply for this permit and have authorization to do so. I understand this is a construction permit only and that the well and/or water system is not to be put into service until approval has been granted by the local health department. I further state the information given is accurate and complete.

Applicant Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Date: _____

Applicant's Signature: _____

Applicant's Title/Position: _____

Fixture Count Worksheet

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

_____ Toilet with tank	_____ Ice machine
_____ Toilet with flush valve	_____ Ice cream machine
_____ Urinal with tank	_____ Ice cream dipper well
_____ Urinal with flush valve	_____ Glass filling unit
_____ Bathroom sink	_____ Hot chocolate unit
_____ Bathtub or tub/shower combination	_____ Coffee unit/urn
_____ Shower	_____ Groundwater heat pump ¹
_____ Drinking fountain	_____ Air conditioner (water cooled) ¹
_____ Laundry tub	_____ Evaporative cooler ¹
_____ Service or Mop sink	_____ Bulk chemical dispensing unit ¹
_____ Lawn sprinkler per sprinkler head ¹	_____ Boiler unit/steam heating unit ¹
_____ Auto washing, hand spray type	_____ Washing machine
_____ Tractor and equipment washing	_____ 1/2" connection
_____ Water softener	_____ 5/8" connection
_____ Dental unit	_____ 3/4" connection
_____ Dental lavatory	_____ Hose bibb or Yard hydrant ²
_____ Garbage disposal – domestic/household	_____ 1/2" connection
_____ Garbage disposal – commercial	_____ 5/8" connection
_____ Kitchen sink – small	_____ 3/4" connection
_____ Kitchen sink – large/double/triple	_____ Other (describe)
_____ Automatic dishewasher ¹	_____
_____ Spray rinse, hand operated	_____

¹Please include manufacturer specifications for water demand (gpm) required per fixture, if available.

²Yard hydrants must be on the EGLE approved list (no open weep hole into the ground).

If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 800-662-9278.

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