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Hastings, MI 49058  
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# Barry-Eaton District Health Department

1033 Health Care Dr.  
Charlotte, MI 48813  
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## NON-RESIDENTIAL PROPERTY DEVELOPMENT APPLICATION (COMMERCIAL & OTHER THAN SINGLE/TWO FAMILY RESIDENTIAL)

Note: \* = required field. Check  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  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  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  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:**

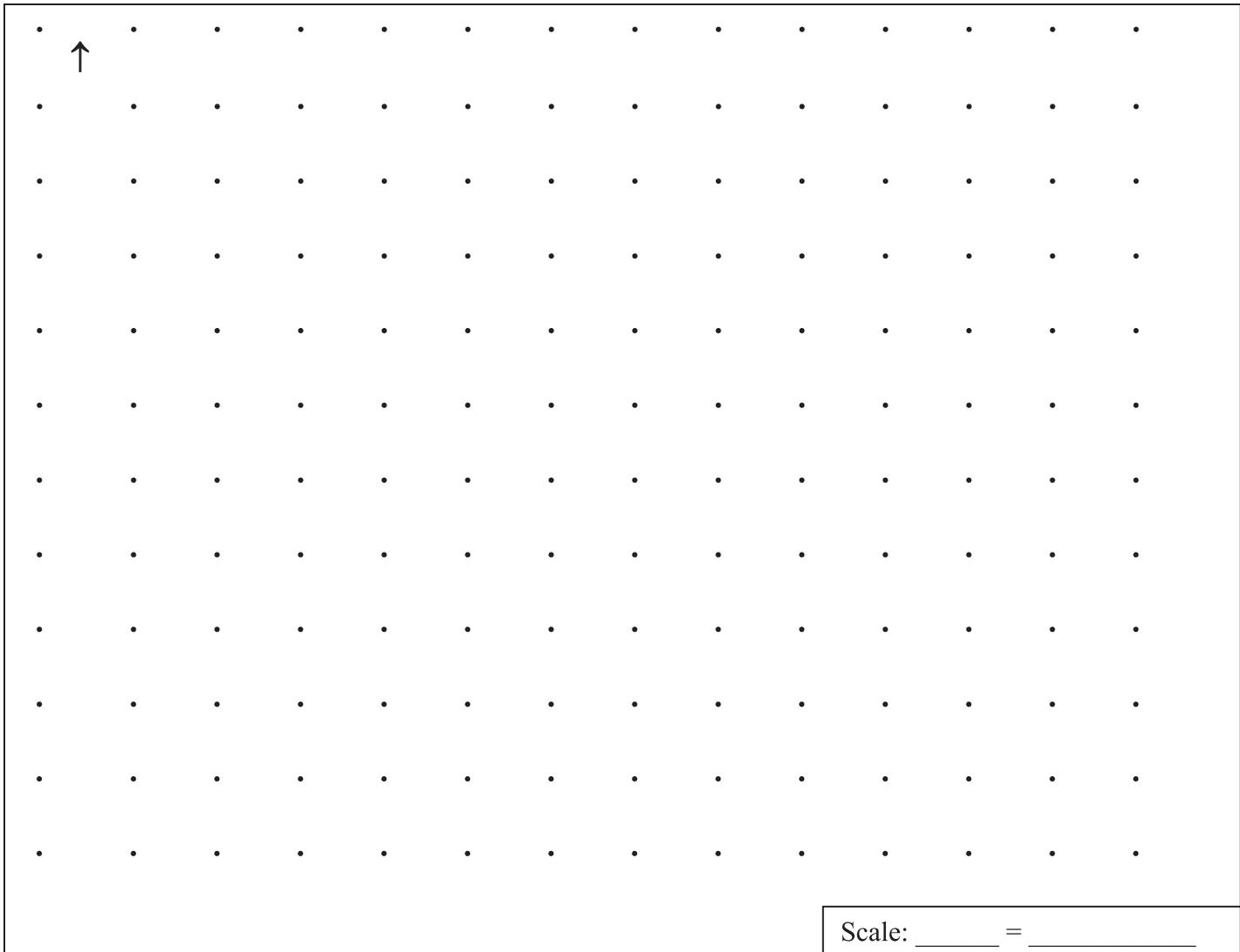
*Age of System:* \_\_\_\_\_ years,  known  approx.

*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



Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

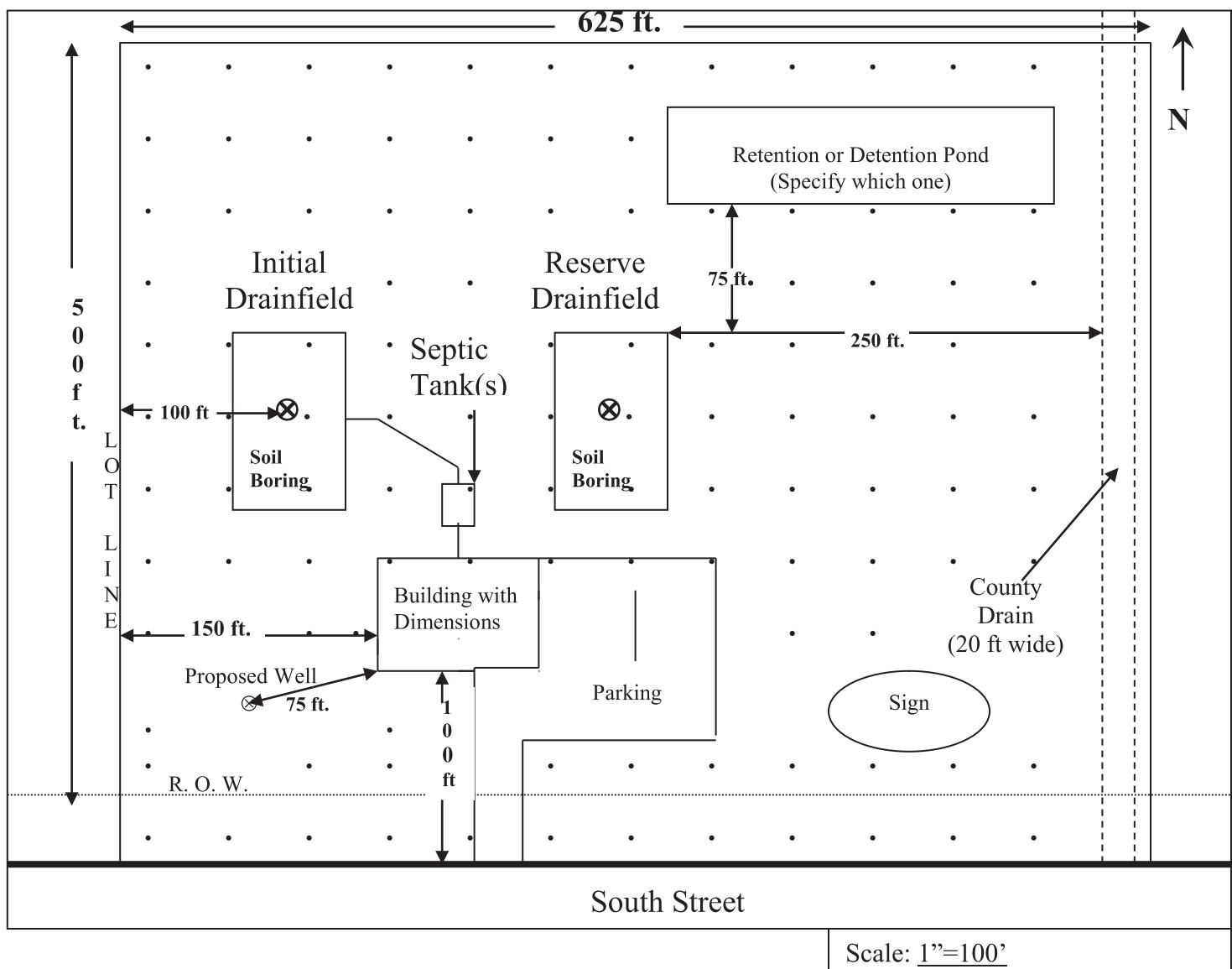
**PROJECT (Bold items are required):**

|                         |                                      |
|-------------------------|--------------------------------------|
| 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):**

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

**GALLONS PER DAY**  
**(Box 5)**

|   |  |  |  |
|---|--|--|--|
| 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

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  
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) :

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**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.)**

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 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:

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

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

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

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If you need this information in an alternate format, contact [EGLE-Accessibility@Michigan.gov](mailto:EGLE-Accessibility@Michigan.gov) or call 800-662-9278.

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This form and its contents are subject to the Freedom of Information Act and may be released to the public.