



# Barry-Eaton District Health Department

Environmental Health Division

Barry County: 330 W. Woodlawn Ave., Hastings, MI 49058

Phone: 269-945-9516 EXT 2 Fax: 517-543-7737

Eaton County: 1033 Health Care Dr., Charlotte, MI 48813

Phone: 517-543-2430 EXT 2 Fax: 517-543-7737

## EVALUATION OF EXISTING WELL &/OR SEWAGE SYSTEM APPLICATION – EATON COUNTY PROJECTS

*For Work Physically Located in Eaton County*

(FOR NEW USE, CHANGE OF USE OR OTHER PROPERTY CHANGES)

Revised FY 2026

### Submitting Your Application

- Drop off: Office lockbox (payment can be made by phone if submitted via lockbox or email)
- Email: bedhd-eh@bedhd.org (we will call for payment)
- Walk-in hours:
  - Eaton Office: Monday & Wednesday
  - Barry Office: Tuesday & Thursday

### A. Site information:

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Township: \_\_\_\_\_ Section: \_\_\_\_\_ Property Tax ID #: \_\_\_\_\_  
 Old Address: \_\_\_\_\_ Lot Size/Acreage: \_\_\_\_\_ Side of Road: N S E W  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Approximate year existing structure constructed: \_\_\_\_\_

### B. Reason for Evaluation: check all that apply

<input type="checkbox"/> Replacement of Existing Structure/House {A}	<input type="checkbox"/> Pole Barn: size: ____ x ____ {E}	<input type="checkbox"/> Re-Zoning of Property {G}
<input type="checkbox"/> Adding Bedrooms {B}	<input type="checkbox"/> Fire or Loss of Structure {F}	<input type="checkbox"/> Conditional Use Zoning {H}
<input type="checkbox"/> Additional Structures {C}	<input type="checkbox"/> Other, describe _____ {E}	<input type="checkbox"/> Change of Use/Zoning {I}
<input type="checkbox"/> Addition to Existing Structure {D}	<input type="checkbox"/> Swimming pool: in ground or above (circle one) {E}	<input type="checkbox"/> Demolition {J}

### C. In order to assess the proposal the following information is required:

**All applications:** Fuel oil or gasoline storage tanks on the property?  Yes  No If yes, location(s) \_\_\_\_\_

Is Municipal Water Available?  Yes  No Is Municipal Sewer Available?  Yes  No

**Residential Use:** # of initial bedrooms \_\_\_\_ . # of additional bedrooms proposed \_\_\_\_ . # of intended occupants \_\_\_\_

Will the structure have a garbage grinder?  Yes  No

**Non-Residential Use:** Type (store, office, commercial, etc.): \_\_\_\_\_

# of employees \_\_\_\_\_ # of patrons per day (using water or restrooms) \_\_\_\_\_

### D. Provide a site plan of the structure, well/septic systems(s), driveway, property lines & proposed addition, new structure, etc. (as applicable) – See page 2

### E. Owner/Applicant Information:

Applicant Information	Owner Information (if different from applicant)
Name:	Name:
Address:	Address:
City, State & Zip:	City, State & Zip:
Phone:	Phone:
Email:	Email:

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BEDHD Fee Information:** Environmental Health fees are established by the Health Department and apply to both counties. The applicant portion of the fee, reflected above, may differ by county due to a county subsidy in Barry County.

**Work completed in Barry County requires the Barry County permit application.**



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**F. Report To:**  Mail to above address     Email/Fax to Planning & Zoning     Email/Fax to Building Dept/PCI  
 Email: \_\_\_\_\_

**Review Fee:** Field Visit & Site Plan Review (Reasons {A, B, D, E} above): **\$197.00** {F above: **\$51.00**}  
Office & Site Plan Review (Reasons {C, G, H, I, J} above): **\$47.00** (may be eligible for office review only)

Total Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Facility #: \_\_\_\_\_ Employee: \_\_\_\_\_

Site Plan submitted?  Y  N Office Review: \_\_\_ Field Review: \_\_\_ Appointment Date & Time: \_\_\_\_\_

**Site Plan for Property Change and/or Change of Use at:**

(Address) \_\_\_\_\_ (Township) \_\_\_\_\_ (Section) \_\_\_\_\_

To review your application, a detailed site plan should be provided. Detailed records of your on-site well and septic may be available at the Environmental Health Office.

**Diagram to show:**

- Road, property lines and existing buildings (a current survey is helpful in creating your sketch).
- Existing well(s) location and measurements from the house and other "permanent" site features such as survey stakes, fence, and utility poles. Show old wells used for irrigation, etc.
- Location of existing septic tank(s), sewage disposal system and any pre-approved replacement/reserve drain bed area. **Give measurements of known locations-do not estimate.**
- The location of the addition or new structure (include existing structure location).

**Applicant's Site plan:**

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## How to Prepare for an Operational and Maintenance Evaluation

### **Evaluation of Existing Well and/or Sewage Disposal System with a “change of use” or property changes**

The intended purpose of the evaluation is to determine if the existing well and/or septic system can provide sufficient use for the proposed property alterations while taking the future repair and replacement areas into consideration.

After it has been determined that your proposed property alterations will require this evaluation, it will be necessary to completely fill out an application. To make an accurate assessment of your site, it is very important to provide all the information that is requested on this form. It is expected at the time of application that the appropriate fee is paid and an appointment will be made for the area Environmental Health Specialist (EHS) to meet with the applicant, if necessary.

### **Answers you will need for the EHS at the time of the evaluation are as follows:**

1. **Where is the well to be evaluated located?**  
If the well is buried, its location will need to be accurately staked or uncovered prior to meeting the EHS.  
If you have copies of well permits, well logs or final inspection reports bring them.
2. **Is the well working properly?**
3. **Are there any old wells or discontinued wells on the property and where are they located?**
4. **Are there any above ground, buried or basement fuel tanks and where are they located?**
5. **What kind of septic system do you have and where is it?**  
If you have a drain bed or drain field have the 4 corners identified.  
If you have a drywell it will need to be opened.  
If you have copies of septic permits or final inspection reports, bring them.
6. **Where is the septic tank(s) and what size(s)?**
7. **When was the septic tank last pumped?**
8. **How old is the system?**
9. **Are there any old septic systems no longer in use?**
10. **Will the structure have a water softener or a garbage disposal in the kitchen sink?**
11. **Do you have any further information that may help your EHS assess your request?**

It may be necessary to arrange with outside parties to help you answer these questions such as previous owners or contractors. For this department to accurately determine the feasibility of your request your assistance is crucial.

To allow for completion of the evaluation, the owner or owner’s (adult) representative will need to meet the EHS.

**Appointment Date & Time:** \_\_\_\_\_

**Area EHS:** \_\_\_\_\_ **Extension #:** \_\_\_\_\_

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