





# 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

## APPLICATION FOR WATER SUPPLY PROGRAM

\* Is public water available?

- Yes, contact local water authority for connection requirements
- No, go to next line

### 1. Is a new structure construction proposed?

- Yes (You must submit detailed site development plan, peak demand worksheet & fee)

#### Select Permit Type:

- Initial Type III Well Permit (less than 25 people per day & less than 60 days per year).....**\$371.00**
- Replacement Type III Well Permit (less than 25 people per day & 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
  - Transient (new/replacement serving 25+ different persons 60+ days per year) .....**\$613.00**
  - Non-transient (serves the same 25+ persons on a regular basis). .....**\$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 of Description of Business (convenience store, office, strip mall): \_\_\_\_\_

Building Dimensions: \_\_\_\_\_x\_\_\_\_\_ Proposed pump capacity \_\_\_\_\_ gallons per minute

Are there existing wells onsite? Yes No

Are there fuel oil or petroleum product tanks on site? (not propane) 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 Environment, Great Lakes, and Energy'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 EGLE for additional information regarding water withdrawal. I will contact MISSDIG to have the utilities marked.

\*Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_ FAC #: \_\_\_\_\_ APP #: \_\_\_\_\_

Employee Assigned: \_\_\_\_\_ Appointment Date & Time: \_\_\_\_\_

**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.**

**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.

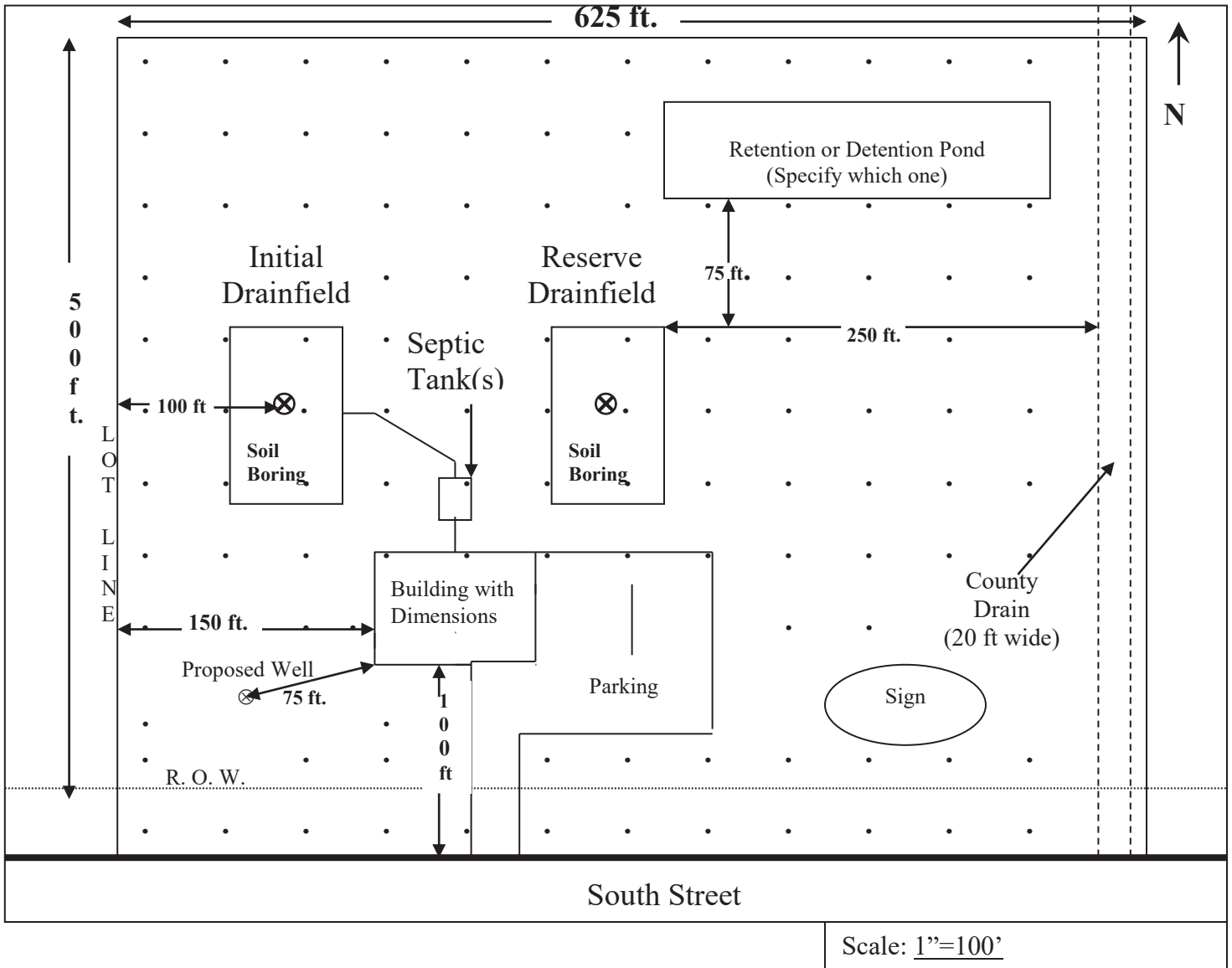
**Tank capacity:** \_\_\_\_\_ gal.,  known  approx.

**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**):

<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

## 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.