



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

NON-RESIDENTIAL PROPERTY DEVELOPMENT APPLICATION (COMMERCIAL & OTHER THAN SINGLE/TWO FAMILY RESIDENTIAL)

Revised FY 2027

Submitting Your Application

- Drop Off: EH Office Dropbox (payment can be made by phone if submitted via dropbox)
- Email: bedhd-eh@bedhd.org (payment can be made by phone if submitted via email)
- Walk-In Hours: 8:00am – 4:30pm (closed for lunch 12:00pm-12:30pm)
 - Barry Office: Tuesday & Thursday
 - Eaton Office: Monday & Wednesday

Note: * = required field. Check ☒ all that apply.

APPLICATION FOR SEWAGE OR SEPTIC PROGRAM

Complete this section only if applying for Sewage/Septic. If not needed, skip to the Water Supply Application

- * Is public sewer available? ☐ Yes, contact local sewer authority for connection requirements
☐ No, go to next line
- * Is the property vacant land? ☐ Yes, go to Site Evaluation (#1)
☐ No, go to Sewage Replacement (#2)

1. 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 division **\$821.00 per site**

Is the property an existing parcel?

- ☐ Yes, identify property corners and provide a copy of the survey **\$821.00 per site**

2. INITIAL or REPLACEMENT SEWAGE PERMIT (initial sites must first have an approved site eval.)

Is new construction or remodeling proposed? (Choose One)

- ☐ **Yes** (You must 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

Select Permit Type:

- ☐ Initial or Repair Sewage Permit 0-1000 gallons per day **\$1,269.00**
- ☐ Septic Tank ONLY Replacement Permit **\$414.00**
- ☐ Initial or Repair Sewage Permit > than 1000 gallons per day **\$2,153.00**

CONTINUED ON NEXT PAGE

BEDHD Fee Information: Environmental Health fees are established by the Health Department and apply to both counties.

Well and/or septic systems installed without a permit will be charged double the standard fee.



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).....\$423.00
☐ Replacement Type III Well Permit (less than 25 people per day & less than 60 days per year).....\$423.00
☐ Irrigation or test well *provide pump capacity _____
Fee (circle one):< 70 GPM= \$390.00 OR > 70 GPM = \$455.00
☐ Type II Well Permit
☐ Transient (new/replacement serving 25+ different persons 60+ days per year)\$667.00
☐ Non-transient (serves the same 25+ persons on a regular basis).\$876.00

Site Location (Address/City/Zip) _____ 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: _____ 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: _____

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

EHS Assigned: _____ Appointment Date & Time: _____



**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 dishwasher 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.

EGLE does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations. Questions or concerns should be directed to the Nondiscrimination Compliance Coordinator at EGLE-NondiscriminationCC@Michigan.gov or 517-249-0906.

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