



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

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

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

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

☐ Replacement of Existing Structure/House {A}	☐ Pole Barn: size: ____x____ {E}	☐ Re-Zoning of Property {G}
☐ Adding Bedrooms {B}	☐ Fire or Loss of Structure {F}	☐ Conditional Use Zoning {H}
☐ Additional Structures {C}	☐ Other, describe _____ {E}	☐ Change of Use/Zoning {I}
☐ Addition to Existing Structure {D}	☐ Swimming pool: ☐ in-ground ☐ above {E}	☐ 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:

<u>Applicant Information</u>	<u>Owner Information (if different from applicant)</u>
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.



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

Review Fee (will be determined after Environmental Health Specialist reviews application):

Office Review: **\$54.00**

Fire or Structure Loss: **\$58.00**

Field Visit: **\$225.00**

Total Fee: \$_____	Date: _____	Receipt #: _____	Facility: _____	Nexus: _____
Site Plan submitted? ☐ Y ☐ N		Review Type: ☐ Office ☐ Field		
EHS Assigned: _____		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/or septic system(s) 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:

↑
EHS Reviewed: _____ Date: _____ Field Visit? ☐ Y ☐ N Status: ☐ Approved ☐ Denied
Comments: _____



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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.

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.