

**BERRIEN COUNTY HEALTH DEPARTMENT
APPLICATION FOR SEWAGE PERMIT**

Please follow the instructions below **carefully**:

1. Fill out the driving directions and the plot plan on the reverse side.
2. Fill out the Sewage Application on the following page. Sections 1, 2 and 4 **MUST BE COMPLETED** (Section 3, if applicable).
3. With flagging tape, flag property at road, and also flag the desired drainfield area, which will be evaluated to ensure the soils comply with our sewage ordinance, which requires a minimum of three (3) feet of porous soils with no seasonal water table.

SEWAGE PERMIT:

Fee

Soil evaluation of one (1) building site. Construction to start within twelve (12) months.
Includes Sewage Permit and Final Inspection, if approved. \$360.00

Applicant **MUST COMPLETE SECTION 3** of application to be issued a Sewage Permit.

Future Development

If you are **NOT STARTING CONSTRUCTION WITHIN TWELVE (12) MONTHS**,
soils will be evaluated, and findings reported by letter. \$360.00

When a Future Development letter has been issued, before construction can be started, **the applicant MUST complete Section 3** of the Sewage Application. Septic System design and Final Inspection will then be completed.

NOTE:

1. When an existing house is to be replaced and septic system reused, you **MUST expose the existing septic tank**, have the tank pumped, and expose the four (4) corners of the drainfield and drywell.
2. Application containing incomplete or inaccurate information may result in returning application to applicant, and subsequent delay in processing.
3. **Please allow at least ten (10) working days for the completion of the necessary field work after the property has been marked for any underground utilities by MISS DIG**

2149 E Napier, P.O. Box 706
Benton Harbor, Michigan 49023-0706
Phone: 269/927-5623

1205 North Front Street
Niles, MI 49120
Phone: 269/684-2800

Driving Directions: _____

PLOT PLAN: Draw the street/road the property is on. Indicate the nearest crossroad. Indicate the relationship of the property to this CORNER. Please indicate any landmarks (nearby houses, barns, streams, ponds, etc.).

NORTH

W
E
S
T

E
A
S
T

SOUTH

BERRIEN COUNTY HEALTH DEPARTMENT

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Phone: 269/927-5623

1205 North Front Street, Ste. 900
Niles, MI 49120
Phone: 269/684-2800

Submit by Email:
environmentalhealth@bchdmi.org

Rec'd by: _____
Date: _____
Receipt #: _____ Amt. \$ _____

APPLICATION FOR PRIVATE SEWAGE DISPOSAL SYSTEM

SECTION 1

MAIL CORRESPONDENCE TO: (if different from owner/buyer/agent)
FUTURE DEVELOPMENT ONLY

Owner/Buyer/Agent: _____
Present Address: _____
City: _____
Phone: _____
Email: _____

Name: _____
Address: _____
City: _____
Phone: _____
Email: _____

Permit to be issued (if approved): []

Future Development: []

SECTION 2

GENERAL INFORMATION ABOUT PROPERTY

- 1. Does the property comply with local zoning ordinances? Yes [] No []
2. Township: _____ Section #: _____ Address: _____
3. Subdivision (if applies): _____ 4. Lot # (if subdivision): _____
5. Property Dimensions/Acres: _____ 6. Tax/Parcel ID #: _____

SECTION 3

COMPLETE THE FOLLOWING INFORMATION ONLY IF SEWAGE PERMIT IS TO BE ISSUED!

- HOUSE [] MODULAR [] MOBILE []
A. Number of bedrooms: _____
B. Is basement planned: Yes [] No []
C. Water supply: private well [] public []
E. Garbage grinder: Yes [] No []

COMPLETE FOR REPLACEMENT ONLY
Year original system was installed _____
Existing septic tank size _____
Type of system: [] Drained
[] Drywell
[] Drainfield
[] Unknown

DUPLEX [] APTS. []

- A. Number of living units: _____
B. Bedrooms per living unit: _____
C. Total number of buildings planned: _____
D. Is basement planned: Yes No
E. Facilities in basement: Yes No
Type: bathroom laundry other _____
F. Water supply: private well public
G. Garbage grinder: Yes No

COMPLETE FOR COMMERCIAL USE ONLY []

- A. Type of facility: factory restaurant
gas station other _____
B. Type of discharge: sewage only industrial waste
C. Number of employees per shift: _____
D. Number of shifts: _____
E. Estimated total discharge per day: _____
F. Water supply: private well public

SECTION 4

Permission is hereby granted to the staff of the Berrien County Health Department to enter upon this property, to evaluate geological conditions which exist on this tract of land. I would also request that in the event conditions exist that would make this property not suitable for a sewage disposal system, that a copy of the report disapproving the site be sent to me at the above address.

Owner/Agent's Signature: _____ Date: _____

NOTE: No action can be taken until sections 1,2,3 (if applicable), 4, and plot plan are completed and the application fee is received.

"THIS PAGE FOR HEALTH DEPARTMENT USE ONLY"

SKETCH AND DISTANCES: Roads, tree lines, topographical changes, proposed well and sewage system, neighbors well and sewer system:

NORTH



COMMENTS: _____

ONSITE FIELD INVESTIGATION

#1	#2	#3	#4	#5
Soil	Soil	Soil	Soil	Soil
Depth	Depth	Depth	Depth	Depth
_____	_____	_____	_____	_____
S.W.T. _____ FT.				

OFFICE REVIEW

_____ Soils
Per Soil Map

File Search for previous evaluation?

Yes No

If yes, and previous work was conducted, attach copy.

Date: _____ Approved: Yes No Further Review Sanitarian: _____