

330 West Woodlawn Ave.
 Hastings, MI 49058
 Phone: (269) 945-9516 Ext 2
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**Barry-Eaton District
 Health Department**

1033 Health Care Dr.
 Charlotte, MI 48813
 Phone: (517) 543-2430 Ext 2
 Fax: (517) 543-7737

RESIDENTIAL PROPERTY DEVELOPMENT APPLICATION

Please be advised that submitting this application in no way guarantees: (1) the property will be determined to be suitable for an onsite water supply and/or onsite wastewater disposal system; (2) a permit will be issued for an onsite water supply and/or onsite wastewater disposal system; or (3) an approval will be given for an onsite water supply and/or onsite wastewater disposal system.

Application Type (check all that apply; see page 2 for instructions & required documents)

<input type="checkbox"/> (A) Site Evaluation \$306.00 (Backhoe Required)	<input type="checkbox"/> (E) Sewage Permit - Replacement \$306.00 (Backhoe Required)	<input type="checkbox"/> (I) Well Permit - Replacement \$228.00
<input type="checkbox"/> (B) Sewage Permit - New \$274.00	<input type="checkbox"/> (F) Septic Tank Only Permit \$152.00	<input type="checkbox"/> (J) Irrigation/Test Well Permit (< than 70 GPM) \$228.00
<input type="checkbox"/> (C) Low-Pressure Dose Mound Permit (RDOSPS) \$664.00	<input type="checkbox"/> (G) Alternative System Plan Review & Permit - Replacement \$473.00	<input type="checkbox"/> (K) Irrigation/Test Well Permit (> than 70 GPM) \$266.00
<input type="checkbox"/> (D) Alternative System Plan Review & Permit - New \$779.00	<input type="checkbox"/> (H) Well Permit - New \$228.00	Are you currently out of water? <input type="checkbox"/> Yes <input type="checkbox"/> No

Property Information (all applicable information must be provided, please don't leave any boxes blank)

Property Tax ID #:	Is property being divided/split? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nearest Two Crossroads:
Township & Section #:	Lot Size/Acreage:	Old Address (if applicable):
Site Location/Address:	Lot/Parcel # (if applicable):	Is public sewer available? <input type="checkbox"/> Yes <input type="checkbox"/> No
City & Zip Code:	Subdivision/Site Condo Name (if applicable):	Is public water available? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dwelling/Structure Information (this section is required for permits; please be accurate, do not guess)

Foundation Type: <input type="checkbox"/> Basement <input type="checkbox"/> Walkout <input type="checkbox"/> Daylight/Basement Egress Windows <input type="checkbox"/> Slab or Crawl Space
of Bedrooms: # of Occupants: Future Bedrooms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?
Garbage Grinder (Kitchen Sink)? <input type="checkbox"/> Yes <input type="checkbox"/> No Existing Well(s) On Site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fuel oil or petroleum product tanks onsite (not propane)? <input type="checkbox"/> Yes <input type="checkbox"/> No

<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:

I hereby apply for this service and have the authorization 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 the property) that it is the well owner's responsibility to use The Michigan Department of Environment, Great Lakes, and Energy's (EGLE) online Water Withdrawal Assessment Tool to determine if this well will create an Adverse Resource Impact to nearby surface water body. Further, I understand that I may contact EGLE for additional information regarding water withdrawal. I will call MISS DIG to have the utilities marked.

Applicant Signature: _____ Date: _____

Total Fee: \$ _____	Date: _____	Receipt #: _____	Facility # _____	Nexus #: _____
EHS Assigned: _____		Appointment Date & Time: _____		



Instructions for Completing Residential Sewage and/or Well System(s) Application

Application will **only** be accepted if it is **complete** and includes **all** required documentation as noted below.

Please contact the corresponding Environmental Health Office with any questions.

For all applications:

- a. Check prior records & maps for helpful property information and for assistance in creating a site plan.
 - **Environmental Health Office** – previous site evaluations, well/septic permits, site plans, finals, etc.: email BEDHD-EH@bedhd.org
 - **Barry County GIS** – parcel maps and property data: [Fetch GIS \(app.fetchgis.com/?currentMap=barry\)](http://app.fetchgis.com/?currentMap=barry)
 - **Eaton County GIS** – parcel maps and property data: [Parcel Viewer \(arcgis.com\)](http://Parcel Viewer (arcgis.com))
- b. When submitting large or blueprint size plans larger than 11"x17", please submit them to the office via email: BEDHD-EH@bedhd.org
- c. The contractor/owner **must** contact Miss Dig (811) or (800) 482-7171 to have underground utilities marked **before** digging.

A. Site Evaluation

- a. Completed application & survey (if available).
- b. Preliminary site plan drawn to scale showing proposed structures on the property including house, driveway, garage/outbuilding(s), well & drainfield. Keep in mind that desired locations may need to change due to site conditions. This requirement may be waived if the evaluation is for speculative purposes with no home construction planned.
- c. Backhoe & operator required onsite for evaluation.
- d. Recommend owner/authorized representative be on site to make decisions on home and sewage system locations.
- e. Fee is due when application is submitted.

B. Sewage Permit – New

- a. Completed application-must indicate accurate # of bedrooms.
- b. Site plan drawn to scale that includes proposed house and well & septic system location details.*
- c. Survey and legal description.
- d. Fee is due when application is submitted.

C. Low-Pressure Dose Mound (RDOSPS) Permit – New

- a. Completed application-must indicate accurate # of bedrooms.
- b. Site plan drawn to scale that includes proposed house and well & septic system location details.*
- c. Survey and legal description.
- d. Fee is due when application is submitted.

D. Alternative System Plan Review & Permit – New

- a. Completed application.
- b. Preliminary designer layout (may be emailed to office)
- c. Fee is due when application is submitted.

E. Sewage Permit – Replacement

- a. Completed application-must indicate accurate # of bedrooms
- b. Site plan drawn to scale that includes proposed house and well & septic system location details.*
- c. Backhoe & operator required onsite for appointment.
- d. Fee is due when application is submitted.

F. Septic Tank Only Permit

- a. Completed application.
- b. Site plan drawn to scale that includes proposed house and well & septic system location details. Be sure to show location(s) & size(s) of any existing & proposed septic tank(s)*
- c. Fee is due when application is submitted.

G. Alternative System Plan Review & Permit – Replacement

- a. Completed application.
- b. Fee is due when application is submitted.

H. Well Permit – New

- a. Completed application-must indicate accurate # of bedrooms (if known).
- b. Site plan drawn to scale that includes proposed house and well & septic system location details.*
- c. Survey and legal description.
- d. Fee is due when application is submitted.

I. Well Permit – Replacement

- a. Completed application-must indicate accurate # of bedrooms (if known).
- b. Site plan drawn to scale that includes house and well & septic system location details. Be sure to show location(s) of any existing & proposed well(s).*
- c. Fee is due when application is submitted.

J. Irrigation/Test Well Permit (< than 70 gpm)

- a. Completed application.
- b. Site plan drawn to scale that includes any known or proposed sources of contamination within 300 feet.
- c. Fee is due when application is submitted.

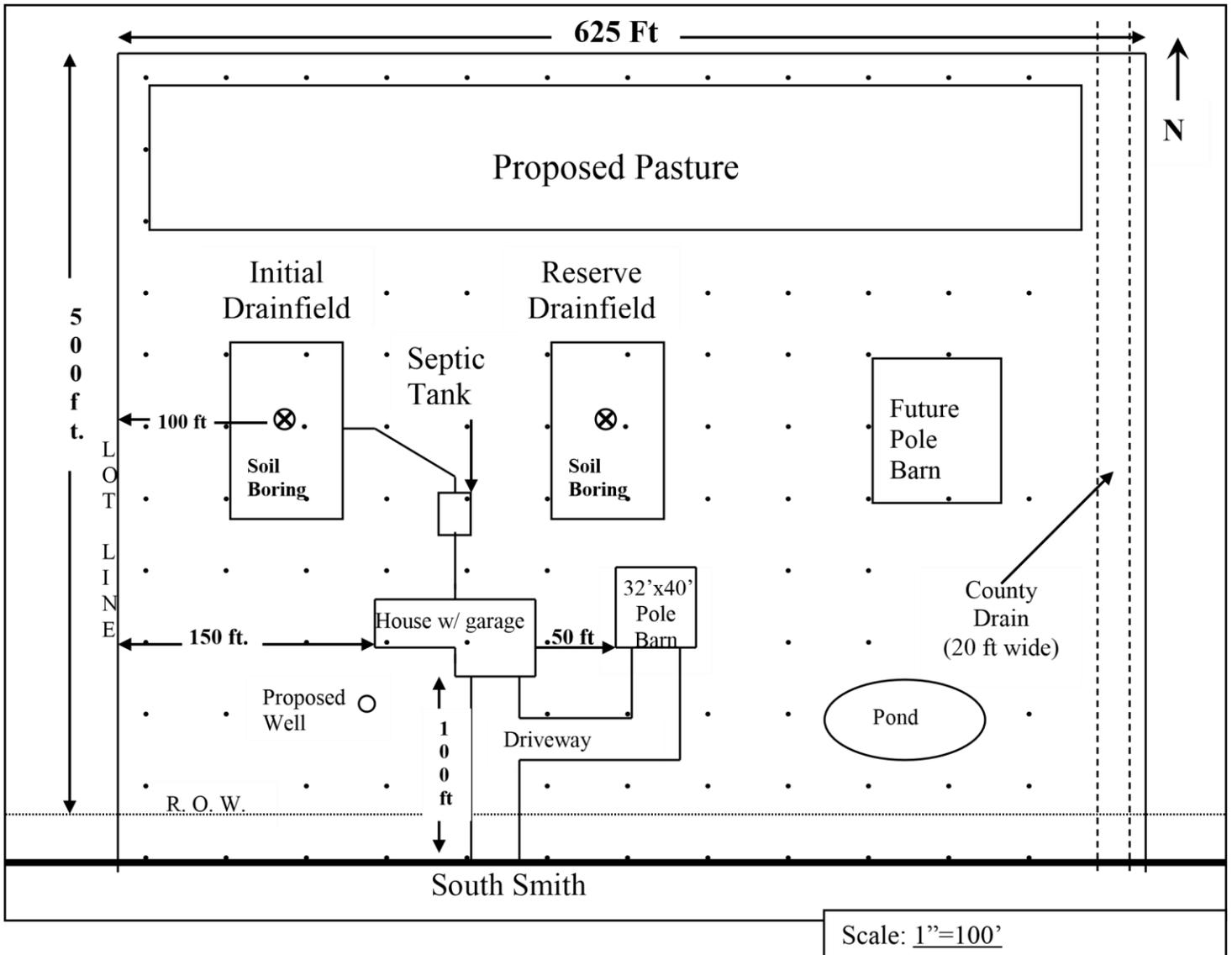
K. Irrigation/Test Well Permit (> than 70 gpm)

- a. Completed application.
- b. Site plan drawn to scale that includes any known or proposed sources of contamination within 300 feet.
- c. Water Withdrawal Assessment Tool:
[https://www.egle.state.mi.us/wwat/\(S\(y1vdkjvpwruh51oci2xtyszc\)\)/default.aspx](https://www.egle.state.mi.us/wwat/(S(y1vdkjvpwruh51oci2xtyszc))/default.aspx)
- d. Fee is due when application is submitted.

*Be sure to include **ALL** existing and proposed location(s) of any houses, well & septic system(s), outbuilding(s), pool(s) and fuel tank(s) on the site plan. Email office for copies of existing well and/or septic features. Please **DO NOT** include features which you do not know the location of and if a feature on your site plan is an "approximation/best guess" then please indicate that as such on the site plan



Example Site Plan



Remember to show **ALL** of the following on your site plan:

- Lot/parcel lines
- Lot/parcel dimensions
- Proposed drainfield areas (initial & reserve)
 - Proposed well location
- Setbacks from property lines to all buildings
- Dimensions of all buildings, distance (in feet) to proposed lot lines & buildings
 - All easements including utilities, drainage & road right of ways
 - Any on-site or neighboring fuel oil tanks, gasoline tanks or pastures
- Future or proposed pole barns, sheds, decks, pastures, ponds or swimming pools
 - Width of drain easement