

**NON-RESIDENTIAL PROPERTY DEVELOPMENT APPLICATION
(COMMERCIAL & OTHER THAN 1-2 RESIDENTIAL)**

Note: * = required field. Check \checkmark all that apply.

1. Is a service in the SEWAGE SYSTEM PROGRAM being requested? Yes, go to next line. No, go to Water Supply (#4)

* Is public sewer available? No, go to next line Yes, contact local sewer authority for connection requirements

* Is the property vacant land? Yes, go to Site Evaluation (#2) No, go to Sewage Replacement (#3)

2. **SITE EVALUATION** (formerly called "perk test" or land review for new non-residential construction) **Choose \checkmark 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 divisions.\$316 per site

Is the property an **existing parcel**? Yes, identify property corners and provide a copy of the survey.\$316 per site

3. **INITIAL or REPLACEMENT SEWAGE PERMIT** (initial sites must first have approved site evaluation) **Choose \checkmark one**

Is new construction or remodeling proposed? Yes, **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

Sewage Permit 0 to 1000 gallons per day.....\$466

Sewage Permit greater than 1000 gallons per day.....\$783

Septic Tank Only Replacement Permit.....\$158

4. Is a service in the **WATER SUPPLY PROGRAM** being requested? Yes, go to next line. **Choose \checkmark one**

* Is public water available? No, go to next line Yes, contact local water authority for connection requirements

Is new structure construction proposed? Yes, **submit detailed site development plan, peak demand worksheet & fee**

Initial Type III Well Permit (less than 25 people per day and less than 60 days per year)..... \$160

Replacement Type III Well Permit (less than 25 people per day and less than 60 days per year)..... \$160

Irrigation, test well or other well: *proposed pump capacity _____ gallons per minute..... \$160

Type II Well Permit (new or replacement serving 25 or > different persons 60 or more days per year) Transient..... \$265

Non-transient (serves the same 25 or > persons on a regular basis).\$348

*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: _____

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 or Describe type of business (example convenience store, office, strip mall): _____

Building Dimmensions: _____ x _____ Proposed pump capacity _____ gallons per minute Are there existing wells on site? Yes No

Applicant's Name: _____ Current Property Owner: _____

Applicant's Address: _____ City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____ (Fax) _____ (Cell) _____

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 disposal 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 Environmental Quality'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 MDEQ for additional information regarding water withdrawal.

*Applicant's Signature: _____ Date: _____

PLEASE PROVIDE DIRECTIONS TO PROPERTY ON BACK or page 2 → → → → → → →

FEE: _____ DATE: _____ RECEIPT #: _____ CALL PICKUP ___ FAC#: _____

EMPLOYEE # ASSIGNED TO: _____ APPOINTMENT DATE & TIME _____

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:

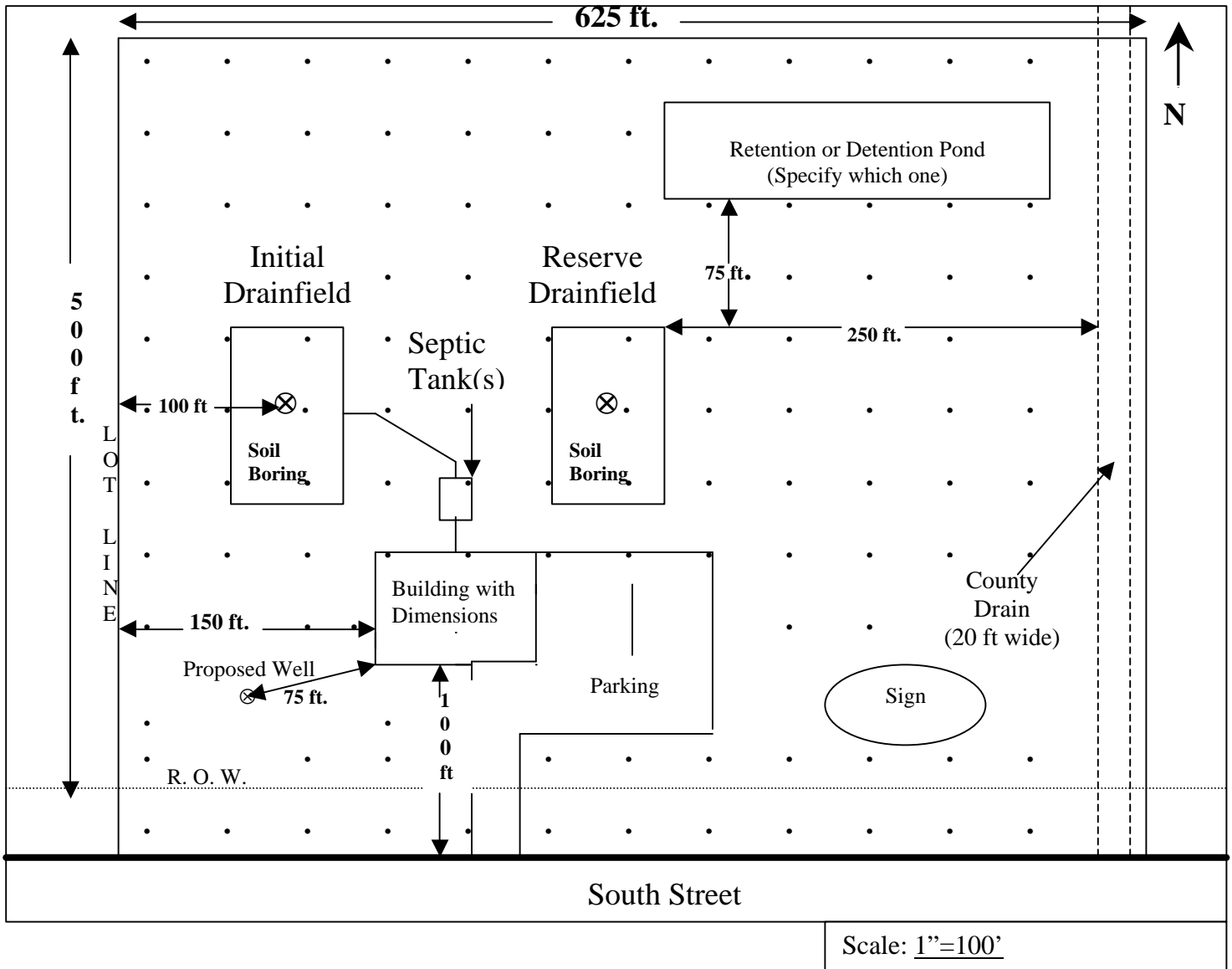
Age of System: _____ years, known approx.

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**):

Address/Road:	Location (Township/Section):
Property Tax ID Number:	Parcel/Lot Number, where applicable:
Owner's Name:	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

WORK SHEET

FOR MINIMUM QUANTITIES OF SEWAGE FLOW FOR **NON-RESIDENTIAL USE**

Instructions: Please complete this form before fillout out a permit application for waste water disposal. The information that you provide must reflect your current or expected business plus some growth if anticipated.

Please provide answers for the 5 boxes.

Volume of waste water that can be expected.

1 Type of Establishment	Number of workers, customers, bed space, seats available		Gallons
	Gallons per person per day (unless otherwise noted)		
Auto Service Stations (per vehicle served) -----	3 x	=	_____
Bed & Breakfast -----	50 x	=	_____
Campgrounds - individual sewer outlets (per site)-----	100 x	=	_____
served by service building (per site) -----	75 x	=	_____
Construction camps (semi-permanent)-----	50 x	=	_____
Day Camps (no meals served) -----	50 x	=	_____
Resort Camps - limited plumbing (per bed space) -----	50 x	=	_____
Luxury Camps (per bed space) -----	100 x	=	_____
Church (per auditorium seat)-----	3 x	=	_____
Church (with substantial kitchen wastes, per auditorium seat) -----	7.5	=	_____
Country Clubs and Golf Club-----	*		_____
Dwellings: Customers -----	5 x	=	_____
Apartments - 3 units or more (per bedroom) -----	150 x	=	_____
Luxury Residences and Estates -----	150 x	=	_____
Multiple Family Dwellings (apts. & condos) per bedroom -----	150 x	=	_____
Group Homes for Developmentally Disabled (per bed space)-----	150 x	=	_____
Adult Foster Care Home (per patient)-----	150 x	=	_____
Factories (gallons per person, per shift) -----	35 x	=	_____
Hair Styling Salons (per chair)-----	170 x	=	_____
Marinas (full service, i.e., service building, pump per slip)-----	60 x	=	_____
Mobile Home Parks (per space) -----	200. X	=	_____
Office Buildings (per square foot of building space)-----	1/10 gal. X	=	_____
Medical Care Office-----	25 x	=	_____
Picnic Parks with Bathhouses, Showers and Flush Toilets-----	*		_____
Rental Halls with intermittent use (Township Halls) per seat-----	5 x	=	_____
Restaurants & Bars-----	*		_____
Schools (per student):			
Boarding (per bed space)-----	75 x	=	_____
Day, without gyms, cafeterias, or showers -----	15 x	=	_____
Day, with gyms, cafeterias, and showers-----	25 x	=	_____
Day, with cafeterias, but without gyms or showers -----	20 x	=	_____
Swimming pools-----	10 x	=	_____
Theaters: Movie (per auditorium seat)-----	5 x	=	_____
Workers (per person per shift) -----	15 x	=	_____
Other (Please consult with a Sanitarian) -----	() x	=	_____

GALLONS PER DAY
(Box 5)

--	--

2	Will there be wastewater generated other than restrooms, showers, laundry, handsinks, etc.? Yes _____ No _____
3	Will there be a floor drain?: Yes _____ No _____
4	Did you allow for future expansion?: Yes _____ No _____

*Refer to Appendix of Michigan Criteria for Sub-Surface Sewage Disposal (April 1994)

Barry-Eaton District Health Department

Environmental Health Division

330 W. Woodlawn
 Hastings, Mi. 49058
 Phone: 269-945-9516 ext. 5
 Fax: 269-818-0237



Caring for the Community
 Since the 1930s

1033 Health Care Dr.
 Charlotte, Mi. 48813
 Phone: 517-541-2615
 517-485-7110
 Fax: 517-541-2686

FACILITY _____ **WSSN** _____

DATE _____ **FACILITY #** _____ (to be completed by health department)

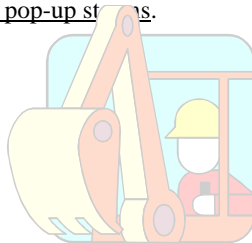
WORK SHEET FOR DETERMINING WATER SUPPLY/WELL PEAK DEMAND USING FIXTURE VALUE METHOD

Quantity	Fixture	Fixture Value	Total Fixture Value
	Water closet w/tank	5	
	Water closet w/flush valve	27	
	Urinal w/tank	4	
	Urinal w/flush valve	15	
	Lavatory	3	
	Bathtub or tub/shower combo	10	
	Shower	6	
	Drinking fountain	2	
	Hose bibb 1/2" connection	3	
	Hose bibb 5/8" connection	5	
	Hose bibb 3/4" connection	10	
	Washing machine 1/2" connection	3	
	Washing machine 5/8" connection	5	
	Washing machine 3/4" connection	10	
	Laundry tray	8	
	Lawn sprinkler (per head)	5	
	Auto washing, hand spray type	5	
	Tractor and equipment washing	5	
	Water softener regeneration	7	
	Dental unit	1	
	Dental lavatory	2	
	Garbage disposal (domestic)	3	
	Garbage disposal (commercial)	5	
	Kitchen sink (small)	6	
	Kitchen sink (large)	8	
	Spray rinse, hand operated	4	
	Ice machine	2	
	Ice cream machine	2	
	Ice cream dipper well	2	
	Glass filling unit	2	
	Hot chocolate unit	0.5	
	Coffee urn	0.5	
	Other (i.e. dishwasher, mop sink)		
	TOTAL		

INSTRUCTIONS FOR SITE EVALUATION

Application

- The Site Evaluation **application** must be neatly completed and all information provided. Provide the appropriate **fee(s)**.
- A scaled **preliminary site plan** detailing the proposed lot lines, location of buildings, wastewater system, proposed new well and abandoned wells must accompany each application.
- Proposals to split a parcel(s) require a detailed **site plan showing all proposed parcel dimensions**. Label each parcel (i.e. Parcel A, Parcel B, etc.) **Provide acreage of each parcel. A final survey showing all backhoe cuts, parcel lines, parcel label, proposed private road and/or the existing public road will be required prior to issuance of any Site Evaluation approval.**
- A separate application must be submitted for each building site for which an evaluation is being requested.
- A one-hour on-site appointment will be **scheduled** upon receipt of **completed** application, site plan and fees.
- If appointment cancellation is necessary, please contact the Environmental Health Division at least 24 hours in advance.
- In the event of adverse weather conditions or other unforeseen events, efforts will be made to reschedule the appointment at the earliest possible date. Work can be performed in light to moderate rain, however no field work will be performed under thunder & lightning storms warnings or watches or pop-up storms.



Site Visit

- **Having an excavator or extend-a-hoe backhoe at the initial appointment is REQUIRED for all sites.** A backhoe can dig faster, deeper and is not restricted by stones and dry soil conditions. More importantly, the evaluation of soil texture, structure and color are improved when a backhoe excavation is created. Contact an experienced local contractor. Do not excavate prior to the appointment. The equipment provided should be a backhoe capable of digging a minimum of three feet wide and minimum fifteen feet deep. Tractor mounted excavators, soil augers, wheel loaders, skid steers, bulldozers or boring rigs are not acceptable. Extend-a-hoes and excavators perform the best. Assure that the equipment is operational and the operator is experienced at performing excavations in a timely manner. Return visits necessary because of a slow operator, improper equipment or failure to show for the appointment may require additional fees. **The applicant or equipment operator must CALL MISSDIG at 1-800-482-7171 to have utilities marked prior to the appointment.** Note: not all utilities participate in MISSDIG, such as large gas transmission lines and some local public wastewater or public water authorities. Visit www.missdig.org and/or contact utility companies for information. The requirement for an excavation can only be waived by the sanitarian prior to the appointment and will be based on area soil conditions, soil moisture levels, and site accessibility.
- A determination of the site's suitability to support an on-site water supply and/or wastewater system will be made at the time of the scheduled one-hour site visit. Evaluation reports are computer generated in the office during regularly scheduled staff office time. The report will be mailed upon completion. Contact the office should you wish to pick up the report at our office.
- Extenuating circumstances may necessitate revisits to the site. Revisits may be at the judgment of the Sanitarian &/or at the applicant's request.
- If the site lies within a zone of environmental concern, additional review may be necessary prior to a determination of suitability for development of an on-site water supply. You will be informed of any such additional review period.

Appointment Day _____ **Date** _____ **Time** _____ **am/pm**

Any party aggrieved by a decision of site suitability has the right of appeal pursuant to the BEDHD Sanitary Code, Article VIII.