

# Barry-Eaton District Health Department

330 W. Woodlawn Ave.  
Hastings, MI 49058  
Phone: 269-945-9516 EXT #5  
Fax: 269-818-0237

**Environmental Health Division**

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

## APPLICATION FOR EVALUATION OF EXISTING WELL &/OR SEWAGE SYSTEM

For new use, change of use or other property changes

**A. Site information (\*required information):**

Site Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Township \_\_\_\_\_ Section \_\_\_\_\_ Parcel Number (found on property taxes) \_\_\_\_\_

Old Address \_\_\_\_\_ Property Size/Acres \_\_\_\_\_ Side of Road  N  E  S  W

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Approximate year existing structure constructed \_\_\_\_\_

**B. Reason for Evaluation: check all that apply**

<input type="checkbox"/> Replacement of Existing Structure/House {A}	<input type="checkbox"/> Pole Barn: size: _____ x _____ {E}	<input type="checkbox"/> Re-Zoning of Property {G}
<input type="checkbox"/> Adding Bedrooms {B}	<input type="checkbox"/> Fire or Loss of Structure {F}	<input type="checkbox"/> Conditional Use Zoning {H}
<input type="checkbox"/> Additional Structures {c}	<input type="checkbox"/> Other, describe _____ {E}	<input type="checkbox"/> Change of Use/Zoning {I}
<input type="checkbox"/> Addition to Existing Structure {D}	<input type="checkbox"/> Swimming pool: inground or above (circle one) {E}	<input type="checkbox"/> 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:** Number of initial bedrooms \_\_\_\_\_. # Additional bedrooms proposed \_\_\_\_\_. # of intended occupants \_\_\_\_  
Will the structure have a garbage grinder?  Yes  No

**Non-residential use:** Type explain (store, office, commercial, etc.): \_\_\_\_\_  
Number of employees \_\_\_\_\_. # of patrons per day (using water or restrooms) \_\_\_\_\_

**D. Provide a site plan of the structure well &/or septic, driveway, property lines & proposed addition, new structure, etc. as applicable**

**E. Owner/Applicant Information:**

Applicant \_\_\_\_\_ Owner?  Yes  No Current Owner: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**F. Report to:** Mail to above address  Fax to Planning and Zoning: # \_\_\_\_\_   
Fax to Building Dept.: # \_\_\_\_\_ Other fax: \_\_\_\_\_

**Review Fee:** Field & Site Plan Review (Reasons {A} - {E} above) \$93 {F above: fee exempt}  
OR  
Site Plan/Office Review \$22 (Reasons {C}-{J} may be eligible for office review only)

Fee \_\_\_\_\_ Receipt # \_\_\_\_\_ Date Paid \_\_\_\_\_ Facility # \_\_\_\_\_ Employee # \_\_\_\_\_

Site Plan submitted? Y N Office review only \_\_\_\_\_ Field review \_\_\_\_\_ Appointment Date & Time \_\_\_\_\_

**Site Plan for Property Changes &/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 septic may be available at the Environmental Health Office.

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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, 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:

↑

Site Plan Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

REVIEWED BY(sanitarian): _____	Date: _____	Field visit needed:[ ] Y [ ] N
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. In order to make an accurate assessment of your site, it is very important to provide all the information that is requested on this form. It is expected at the time of application that the appropriate fee is paid and an appointment will be made for the area Sanitarian to meet with the applicant, if necessary.

### **Answers you will need for the Sanitarian at the time of the evaluation are as follows:**

**1. Where the well to be evaluated is located?**

If the well is buried, its location will need to be accurately staked or uncovered prior to meeting the Sanitarian.

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 drainbed or drainfield 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 Sanitarian assess your request?**

It may be necessary to arrange with outside parties to help you answer these questions such as previous owners or contractors. In order for this department to accurately determine the feasibility of your request your assistance is crucial.

To allow for completion of the evaluation, the owner or owner's (adult) representative will need to meet the sanitarian.

**Appointment Day** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_

**Area Sanitarian** \_\_\_\_\_ **Extension #** \_\_\_\_\_