



Department of Environmental Quality
Office of Drinking Water and Municipal Assistance
Application and Permit to Install Water Supply System
Completion is required under the authority of Part 13, 1976 PA 399

Shaded areas for Local Health Department or DEQ use only.

Permit to:	<input type="checkbox"/> Construct a Public Well Under 1976 PA 399	<input type="checkbox"/> Alter a Public Well Under 1976 PA 399
Well Permit Number	WSSN	Source ID

Establishment Name _____		Address _____	
City _____		State <u>MICHIGAN</u>	Zip _____
County _____		Township _____ Section _____	
Owner/Manager Name _____			
Address _____		Contact Phone _____	
Average No. of Persons Served Per Day _____		No. of Service Connections _____	
Premise Type _____ <small>(Restaurant, Campground, School, etc.)</small>		License Type _____ <small>Food, Campground, DHS, etc.)</small>	
Seasonal Operation	No <input type="checkbox"/>	Yes <input type="checkbox"/>	From _____ To _____
Applicant Name _____		Address _____	
City _____		State _____	Zip _____
<i>I hereby apply for this permit and have authorization to do so. I understand this is a construction permit only and that the well is not to be put into service until approval has been granted. I further state the information given is accurate and complete.</i>			
Applicant's Signature _____		Date _____	Phone () - _____

Provide scale drawing where indicated.
DO NOT PROCEED WITH CONSTRUCTION WITHOUT PERMIT APPROVAL FROM THE LOCAL HEALTH DEPARTMENT
PERMIT IS VALID FOR 2 YEARS FROM THE DATE OF ISSUANCE

Well Site Evaluation By _____		Date _____	
Classification	Type IIA <input type="checkbox"/>	Type IIB <input type="checkbox"/>	Required Minimum Pump Capacity _____ GPM
Standard Isolation Area _____ Ft.		Major Isolation Area _____ Ft.	
Permit Conditions/Deviations _____			
Permit Approval/Denial By _____		Date _____	
<i>Not valid unless signed by local health department</i>			

Final Inspection By _____		Date _____	
Casing Termination Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Storage Tank Approved Yes <input type="checkbox"/> No <input type="checkbox"/>
Well Location Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sample Tap Approved Yes <input type="checkbox"/> No <input type="checkbox"/>
Well Construction Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pressure Relief Valve Yes <input type="checkbox"/> No <input type="checkbox"/>
Well Record Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pump Capacity Adequate Yes <input type="checkbox"/> No <input type="checkbox"/>
1 ST Coliform Bacteria Test	Result _____	Date _____	Nitrate Test Result _____ Date _____
2 ND Coliform Bacteria Test	Result _____	Date _____	Other _____ Result _____ Date _____
Water Supply Approved By _____		Date _____	
Comments _____			

WSSN: _____ Facility Name: _____

SCALE DRAWING:

Make a SCALE DRAWING indicating north, including dimensions, in the space provided below or attach separate sheet. Show well location in respect to all possible sources of contamination, including adjacent properties, sewer lines, septic system(s), and major sources of contamination. This drawing must be approved by the local health department before installation of the well.

A large empty rectangular box with a black border, intended for a scale drawing. The box is currently blank.

After well construction is completed, a water well and pump record must be submitted and approved, the local health department is to be notified for final inspection, and applicable sampling of the well and water supply system is to be completed. Approval from the local health department is required prior to placing water supply well into service.



EXISTING AND PROPOSED FIXTURE COUNT
For Calculating Peak Demand

Facility Name _____ Date _____
Well Permit # _____ WSSN _____
Contact Name _____ Phone _____

Please fill in the quantity for each of the following fixtures.

- | | | | |
|--|-------|--|-------|
| 1. Water closet, with tank | _____ | 22. Spray rinse, hand operated | _____ |
| 2. Water closet, with flush valve | _____ | 23. Ice machine | _____ |
| 3. Urinal, with tank | _____ | 24. Ice cream machine | _____ |
| 4. Urinal, with flush valve | _____ | 25. Ice cream dipper well | _____ |
| 5. Lavatory | _____ | 26. Glass filling unit | _____ |
| 6. Bathtub, or tub/shower
Combination | _____ | 27. Hot chocolate unit | _____ |
| 7. Shower | _____ | 28. Coffee unit/urn | _____ |
| 8. Drinking fountain | _____ | 29. Groundwater heat pump ** | _____ |
| 9. Laundry tray | _____ | 30. Air conditioner
(water cooled) ** | _____ |
| 10. Service/Mop sink | _____ | 31. Evaporative cooler ** | _____ |
| 11. Lawn sprinkler,
per sprinkler head ** | _____ | 32. Bulk chemical dispensing unit ** | _____ |
| 12. Auto washing, hand spray type | _____ | 33. Boiler unit/steam heating unit ** | _____ |
| 13. Tractor and equipment washing | _____ | 34. Washing machine | |
| 14. Water softener | _____ | A. 1/2" connection | _____ |
| 15. Dental unit | _____ | B. 5/8" connection | _____ |
| 16. Dental lavatory | _____ | C. 3/4" connection | _____ |
| 17. Garbage disposal –
domestic/household | _____ | 35. Hose bibb or Yard hydrant | |
| 18. Garbage disposal –
Commercial | _____ | A. 1/2" connection | _____ |
| 19. Kitchen sink – small | _____ | B. 5/8" connection | _____ |
| 20. Kitchen sink – large/double | _____ | C. 3/4" connection | _____ |
| 21. Automatic dishwasher ** | _____ | 36. Other | |
| | | A. _____ | _____ |
| | | B. _____ | _____ |
| | | C. _____ | _____ |

**Please include manufacturer specifications for water demand (gpm) required per fixture.
Fixture count sheet to be completed and submitted with the permit application.

TEMPLATE FOR LHD LETTERHEAD

Instructions for Completing a Noncommunity Water Supply Permit Application

1. Completely fill out the top section and the scale drawing areas (non-shaded) of the Michigan Department of Environmental Quality's "Application and Permit to Install Water Supply Facilities". A scaled drawing is to be completed on the back of the application in the provided space. A separate sheet of paper may be used for the scale drawing. The scale drawing should include the following:

- The distance from the proposed well site to any potential sources of contamination such as buried storm drains, sanitary and storm sewer lines, septic tanks, drainfields, drywells, grease traps, abandoned wells, surface water, livestock holding areas, etc.
- The distance to all major sources of contamination on the property or on adjacent properties such as: landfills, large scale chemical storage, waste lagoons, known groundwater contamination sites, buried fuel tanks, above ground fuel tanks, etc.
- The location of well and distribution system in relationship to property lines and all structures on the property. Please indicate any buildings on the property or on adjacent properties that will be served by the well.

2. Fill out the "Existing and Proposed Fixture Count" as completely as possible. If the manufacturer's information is not available, an estimate will be used.

3. Contact the Type II Noncommunity Water Supply Coordinator, <Name>, at <phone> to make an appointment for a site evaluation and information on well construction requirements prior to drilling the water well.

4. Submit the application, fixture count and \$< amount> permit fee to:

<LHD Name>

<LHD Mailing Address>

Payment can be made with cash, check (payable to <Name>), or credit card.

The Environmental Health Staff will conduct a site inspection to review the proposed well location prior to drilling. Water sampling requirements will be determined during the site inspection and application review.

Please call for a final inspection and collection of water samples when the well is completed. **Final approval of the well may be granted when the local health department has: 1. Approved the well construction and pump installation, 2. Received satisfactory water sample results, and 3. Received a satisfactory Water Well and Pump Record from the well contractor(s).**

A permit issued under the Safe Drinking Water Act will expire within 2 years of issuance unless construction or alteration commences. An extension can be applied for through your LHD.