



Central Michigan District Health Department

Promoting Healthy Families, Healthy Communities



Robert W. Graham, D.O., MPH
Medical Director

Steve Hall, RS, MS
Health Officer

June 29, 2015

Nestle Waters North America
ATTN: Arlene Anderson-Vincent
19275 8 Mile Rd.
Stanwood, MI 49346

WSSN: 20166-67
Source: 001

RE: Permit **Approval** to Alter a Public Well **Nestle Waters North America 9 Mile Rd. Ewart, MI**

Dear Ms. Vincent:

Enclosed is the approved well permit application to alter the public water supply well for Nestle Waters North America. Please note the conditions of this permit are as follows:

MODIFICATION:

Replacing the existing 20-hp submersible pump with a 50-hp submersible pump to accommodate an increase in instantaneous pumping capacity from 150 gpm to 250 gpm.

LOCATION

The existing well met all minimum isolations to all potential sources of contamination when approved on November 17, 2000 and there are no new potential sources of contamination within the minimum isolation distance.

REGISTRATION:

The proposed 100 gpm increased withdrawal was registered on-line with MDEQ on April 16, 2015. The increased withdrawal was designated as a Zone A withdrawal by the on-line assessment tool.

WELL RECORD

The well drilling contractor is to complete the well record (pump log section) upon completion and submit a copy directly to, Central Michigan District Health Department, Osceola branch office, for use at the final inspection.

DISINFECTION AND SAMPLING

After disinfection and pumping to waste, the Health Department must be contacted for final inspection. The health department, the owner, or his authorized representative may collect the water samples. **One of the required coliform samples is to be collected at the time of the final inspection.** A MINIMUM OF 2 CONSECUTIVE ACCEPTABLE BACTERIOLOGICAL SAMPLES (collected at least 24 hours apart, with no chlorine residual) and one acceptable nitrate/nitrite sample **MUST BE OBTAINED PRIOR TO USE OF THE WELL BY THE PUBLIC.**



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

RECEIVED JUN 25 2015

Shaded areas for Local Health Department or DEQ use only.

Permit to: Construct a Public Well Under 1976 PA 399 Alter a Public Well Under 1976 PA 399
Well Permit Number W15-67-01 WSSN 20166-67 Source ID 001

Establishment Name Nestle Waters North America Address 9 Mile Road
City Ewart State MICHIGAN Zip 49631
County Osceola Township Osceola Section 20
Owner/Manager Name Arlene Anderson-Vincent
Address 19275 8 Mile Road, Stanwood, MI 49346 Contact Phone 231-823-8451
Average No. of Persons Served Per Day Greater than 25 No. of Service Connections N/A
Premise Type Bottled Water Source License Type Food
(Restaurant, Campground, School, etc.) Food, Campground, DHS, etc.)
Seasonal Operation No Yes From _____ To _____
Applicant Name Arlene Anderson-Vincent Address 19275 8 Mile Road, Stanwood, MI 49346
City Stanwood State Michigan Zip 49346
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.
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 Robert Shryock, R.S. Date 6/29/2015
Classification Type IIA Type IIB Proposed Required Minimum Pump Capacity 250 GPM
Standard Isolation Area 200 Ft. Major Isolation Area 2,000 Ft.
Permit Conditions/Deviations No deviations were issued for this well, The well is approved for an increase 20-hp pump to a 50-hp pump (150gpm to 250gpm). Well currently meets all minimum isolations and increased withdrawal registered with MDEQ. 2-coliform bacteria 24hrs apart required - see attached Permit Letter.
Permit Approval/Denial By Robert Shryock Date 6/29/2015
Not valid unless signed by local health department

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"/>

1ST Coliform Bacteria Test Result _____ Date _____ Nitrate Test Result _____ Date _____
2ND Coliform Bacteria Test Result _____ Date _____ Other _____ Result _____ Date _____

Water Supply Approved By _____ Date _____

Comments _____



Osceola County - CMDHD
 4329 220th Ave
 Reed City, MI 49677
 Phone: (231) 832-5532
 Fax: (231) 832-1020

Receipt
 JBES-9XXKRU

Payment ID JBES-9XXKRH	Check # / Detail 217506 Mika Meyers Beckett	Payment Date 29-Jun-2015
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Establishment
 Nestle Waters North America
 19275 8 Mile Rd
 Ewart MI 49631

Legal Business
 Nestle Waters North America
 19275 8 Mile Rd
 Stanwood MI 49346

Payment Date	Payment Type	Payment ID	Payment Details	Payment Amount	
29-Jun-2015	Check	JBES-9XXKRH	Office: Osceola, 217506 Mika Meyers Beckett	\$362.00	
Fee Date	Fee Type	Fee ID	Fee Amount	Amount Paid	Balance
26-Jun-2015	Well Replacement-243-400-008	JBES-9XUJ5H	\$362.00	\$362.00	\$0.00

Mika Meyers Beckett & Jones INC
 Grand Rapids, Michigan 49503

VENDOR NO.
 CMD001

VENDOR NAME
 CMDHD

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
6/25/2015	BJB 29659-35456	\$362.00	\$0.00	\$362.00

CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
6/25/2015	217506	\$362.00	\$0.00	\$362.00

Mika Meyers Beckett & Jones INC
 Grand Rapids, Michigan 49503

6/25/2015	217506	CMD001	CMDHD	
6/25/2015	BJB 29659-35456	\$362.00	\$0.00	\$362.00

6/25/2015	217506	\$362.00	\$0.00	\$362.00
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If you have not chosen the well contractor yet, please make sure that you provide him with a copy of the permit, and this letter so that he is aware of the permit requirements.

If there are any questions regarding what is required, or if changes to the permit or procedures are proposed please contact this office at 231-832-5532 ext. 8522 for prior approval.

Sincerely,

A handwritten signature in cursive script that reads "Robert Shryock".

Robert Shryock, Sanitarian,
Central Michigan District Health Department
Osceola Branch Office
4329 220th Ave
Reed City, MI 49677

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