

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER AND RADIOLOGICAL PROTECTION DIVISION

For DEQ/Health Department Use

APPLICATION AND PERMIT TO INSTALL WATER SUPPLY FACILITIES

all To:

Authority: 1976 PA 399  
1. Construct a Public Well Under 1976 PA 399 of Sanitary Code  
2. Alter a Public Water Supply Under 1976 PA 399 of Sanitary Code

Well Permit Number	W-00-6702
Corresponding Sewage Permit No.	20166-6-09330
WSSN	

ESTABLISHMENT NAME Great Spring Waters of America ADDRESS 1119 South 3rd St CITY San Charles II ZIP 60174  
 COUNTY Osceola TOWNSHIP Osceola TOWN 18 RANGE 8 SECTION 20 FRACTION NE 1/4 SW 1/4 NE 1/4  
 OWNER/MANAGER Great Spring Waters of America ADDRESS 1119 South 3rd St CITY San Charles II ZIP 60174  
 BUSINESS TELEPHONE 630-443-3469 OWNERSHIP: GOVERNMENT  PRIVATE  AVERAGE NO. OF PERSONS SERVED PER DAY 285  
 TYPE OF SERVICE CONNECTIONS 1 PREMISE TYPE water well LICENSE TYPE MDA License

SEASONAL: FROM \_\_\_\_\_ TO \_\_\_\_\_ WELL CONTRACTOR Searns TELEPHONE (414) 6987770 PUMP INSTALLER unknown of this firm  
 APPLICANT'S NAME Shane McDonald ADDRESS 1500 Abbott Rd CITY East Lansing ZIP 48823

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 final approval has been granted. I further state the information given is accurate and complete.

Applicant's Signature [Signature] Date 11/6/2000 Phone 517-337-0111

(FOR DEQ/HEALTH DEPARTMENT USE ONLY - DO NOT WRITE IN SHADED AREAS)

WELL SITE EVALUATION INFORMATION	CLASSIFICATION TYPE <u>HAZ</u> TYPE <u>IND</u>	WELL CONSTRUCTION PERMIT APPROVAL DENIAL
DATE OF EVALUATION _____ BY _____	ISOLATION DISTANCES ARE LESS THAN ESTABLISHED	DO NOT PROCEED WITH CONSTRUCTION WITHOUT SIGNATURE FROM DEQ/HEALTH DEPARTMENT REPRESENTATIVE
STANDARD ISOLATION DISTANCE <u>200</u> FEET	MINIMUM STANDARD COMPLETION DEVIATIONS SECTION NO. _____	REQUIRE MINIMUM CEMENT APPROXIMATELY _____

Per Instructions by DEQ

FINAL INSPECTION DATE \_\_\_\_\_

WELL CASING TERMINATION APPROVED: YES  NO

WELL LOCATION APPROVED: YES  NO

WELL CONSTRUCTION SATISFACTORY: YES  NO

VENTED: YES  NO

BURIED SUCTION LINE: YES  NO

PUMP: SHALLOW WELL JET  DEEP WELL JET  SUBMERSIBLE

HAND PUMP: TURBINE  OTHER

PIPING MATERIALS: MATERIAL \_\_\_\_\_ PRESSURE RATING \_\_\_\_\_ ASTM \_\_\_\_\_

STORAGE: TYPE \_\_\_\_\_ LOCATION \_\_\_\_\_ CAPACITY \_\_\_\_\_ GALLONS \_\_\_\_\_ OPERATING RANGE \_\_\_\_\_

TREATMENT: TYPE OF ANY \_\_\_\_\_ LOCATION \_\_\_\_\_

TEST RESULTS: BACTERIOLOGICAL DATE \_\_\_\_\_ BACTERIOLOGICAL DATE \_\_\_\_\_

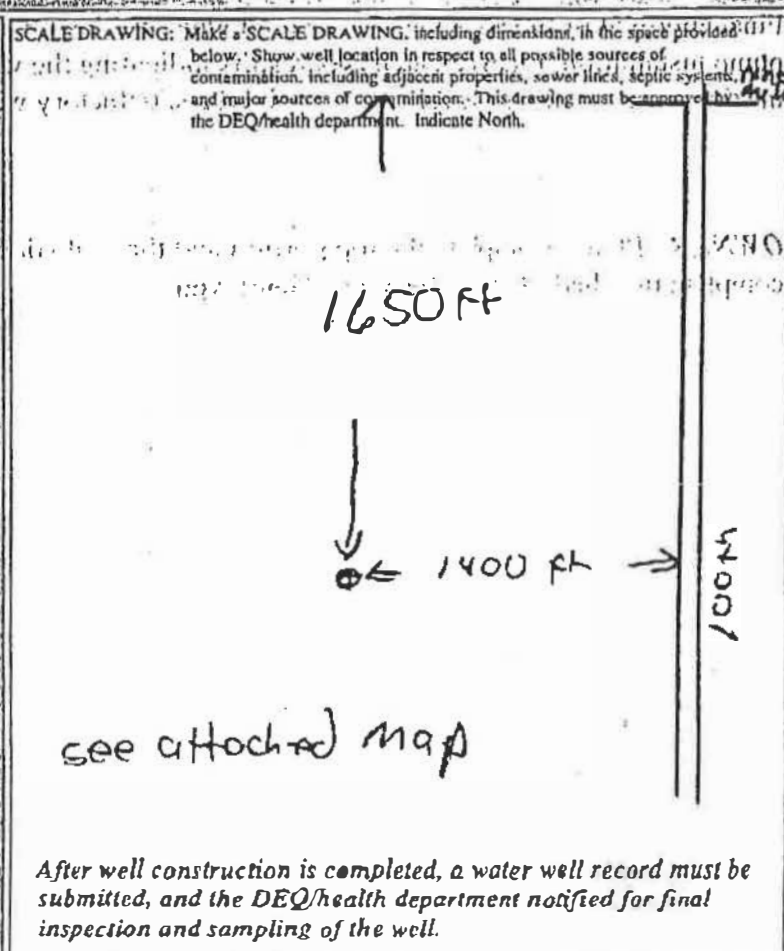
FUTURE FACILITY PLANNING BY OWNER: YES  NO

FREQUENCY: QUARTERLY  ANNUALLY  OTHER

RECORD DATE RE-PIVOTED \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS:



After well construction is completed, a water well record must be submitted, and the DEQ/health department notified for final inspection and sampling of the well.