



Department of Environmental Quality
 Drinking Water and Municipal Assistance Division
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

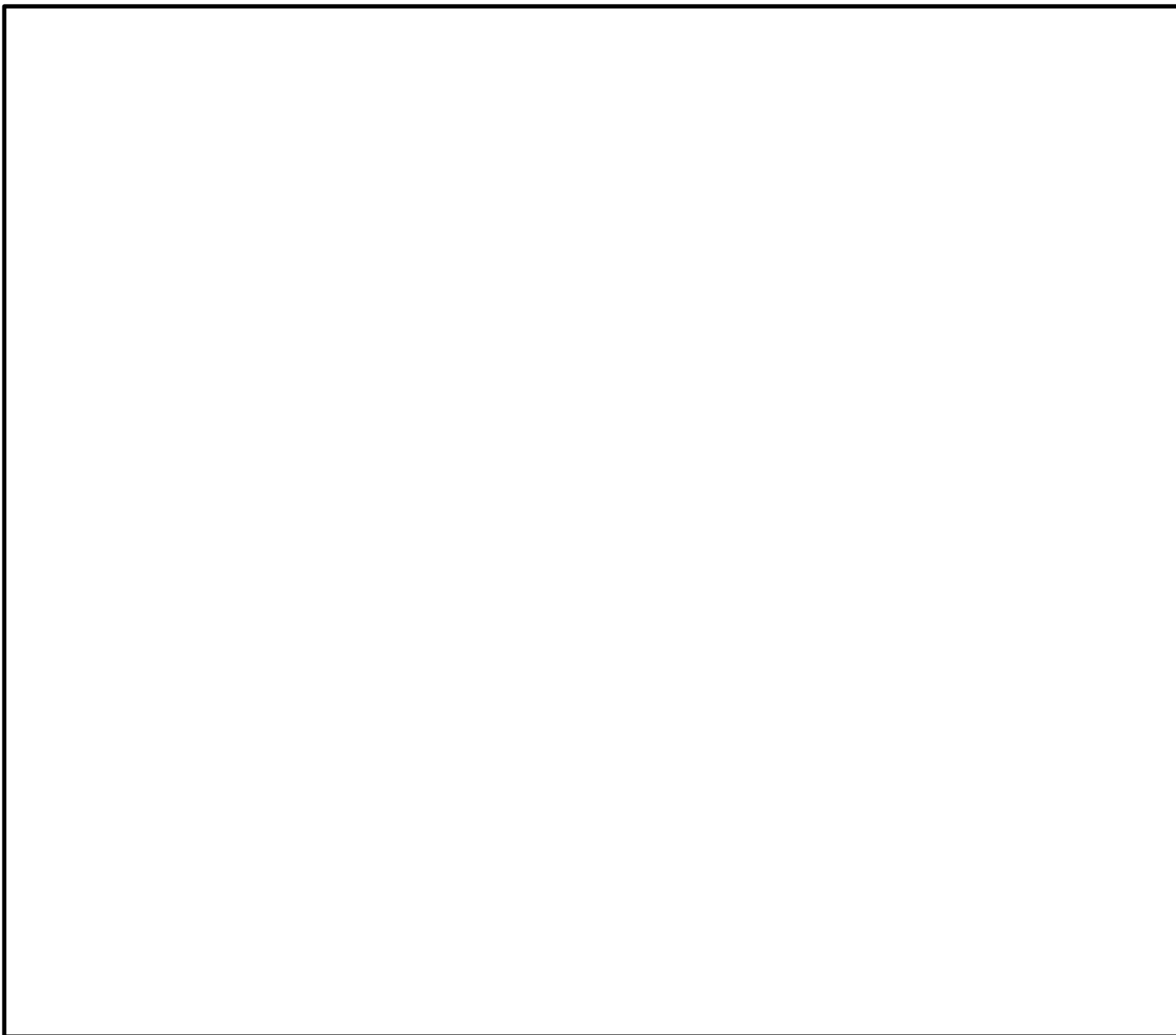
Well Site Evaluation By _____		Date _____	
Classification	Type IIA <input type="checkbox"/>	Type IIB <input type="checkbox"/>	Required Minimum Pump Capacity _____ GPM
Standard Isolation Area _____ Ft.		Major Isolation Area _____ Ft.	
Permit Conditions/Deviations _____			
Permit Approval/Denial By _____		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 the user to draw a scale drawing of the well location and surrounding contamination sources.

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.

Water closet, with tank _____	Ice machine _____
Water closet, with flush valve _____	Ice cream machine _____
Urinal, with tank _____	Ice cream dipper well _____
Urinal, with flush valve _____	Glass filling unit _____
Lavatory _____	Hot chocolate unit _____
Bathtub, or tub/shower combination _____	Coffee unit/urn _____
Shower _____	Groundwater heat pump ** _____
Drinking fountain _____	Air conditioner (water cooled) ** _____
Laundry tray _____	Evaporative cooler ** _____
Service/Mop sink _____	Bulk chemical dispensing unit ** _____
Lawn sprinkler per sprinkler head ** _____	Boiler unit/steam heating unit ** _____
Auto washing, hand spray type _____	Washing machine _____
Tractor and equipment washing _____	1/2" connection _____
Water softener _____	5/8" connection _____
Dental unit _____	3/4" connection _____
Dental lavatory _____	Hose bibb or Yard hydrant _____
Garbage disposal - domestic/household _____	1/2" connection _____
Garbage disposal - commercial _____	5/8" connection _____
Kitchen sink – small _____	3/4" connection _____
Kitchen sink – large/double _____	Other (describe) _____
Automatic dishwasher ** _____	_____
Spray rinse, hand operated _____	_____

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