



Michigan Department of Environmental Quality  
Water Resources Division

**SITE-SPECIFIC REVIEW (SSR) CHECKLIST**

Applicant Name: \_\_\_\_\_

SSR Number: \_\_\_\_\_

Home Watershed Management Area: \_\_\_\_\_

County: \_\_\_\_\_

Review Item	Review Completed (Yes, No, N/A) and date	Comments	Sufficient Information to Authorize Large Quantity Withdrawal (LQW)? (If yes, terminate review and authorize LQW; if no, continue review)
Contact applicant to verify information. Does the information make sense? Is this a duplicate SSR request?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____		
Stream Index Flow Review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____		
Owner requests total/partial use of replacement/baseline capacity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____		
Matching Well Logs with Large Quantity Withdrawal (LQW) Registrations: match well logs with LQW registrations (including baseline capacity); verify all existing &/or registered LQWs (since 10/1/2008) impacting the home and debited adjacent watersheds are accurately accounted for in the Water Withdrawal Assessment Tool database.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____		

Bedrock Pass (Well log or driller's field notes verify well completed in bedrock in an area where a bedrock pass is appropriate)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____		
Review Area Well Logs & Geology	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____		
Aquifer Hydraulically Isolated from Stream	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____		
Aquifer Properties (e.g., transmissivity, storage coefficient)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____		
Aquifer Pumping Test: municipal water supply or site specific	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____		
Streambed Conductance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____		
Review Stream &/or Lake Data & Map: Is an intermittent stream or field determination necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____		
Presence of lakes in proximity to withdrawal may alter depletions, lake trace used	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Date _____		
Groundwater Modeling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____		
Modify Withdrawal Request	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Date _____		
Change Withdrawal Source, Location &/or Depth	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Date _____		

Modify Pumping Rate &/or Schedule	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____		
Owner requests SSR hold to obtain additional driller/test hole information	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____		
Additional Data Provided by Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____		
See additional review notes in file	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____		

- Authorize LQW as proposed                       Authorize modified LQW  
 Authorize LQW as replacement                       Deny SSR

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Stream Type: \_\_\_\_\_ Zone: \_\_\_\_\_ Source:  Surface Water  Groundwater

Withdrawal Location (decimal degrees): Latitude \_\_\_\_\_ Longitude: \_\_\_\_\_

Depth to Top of Well Screen (feet): \_\_\_\_\_

Pumping Rate (gallons per minute): \_\_\_\_\_ Pumping Schedule: \_\_\_\_\_

Maximum Annual Volume Authorized (gallons): \_\_\_\_\_

SSR Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_