



**APPLICATION FOR SECONDARY TREATMENT  
PUBLIC WATER SUPPLY DESIGNATION**

Completion is required under the authority of Part 13 of the Rule under the Safe Drinking Water Act 399

Shaded areas are for EGLE use only.

Public Water Supply (Secondary Treatment) WSSN:	Supplier WSSN:
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Facility Name _____	Address _____
City _____	County _____ Zip Code _____
Average Total Number of Persons Served Per Day _____	Days of Operation Per Year _____
Average Number of <u>Same</u> Persons Served Per Day _____	Daily Hours of Operation _____
Type of Treatment _____ (Injection of disinfectant, injection of chemicals for corrosion control, etc.)	
Premise Type _____ (Hotel, Hospital, School, etc.)	Is this a licensed facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes (see instruction 6 below)

Manager's Name _____	Address _____
City _____	State _____ Zip Code _____
Contact Phone _____	Email _____

Owner's Name _____	Address _____
City _____	State _____ Zip Code _____
Contact Phone _____	Email _____

I hereby state that the information provided in this application for secondary treatment is accurate and complete.

Owner's Signature _____	Date _____	Phone _____
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**PERMIT APPROVAL IS REQUIRED FOR SECONDARY TREATMENT**

General Instructions:

1. Applying for a permit to install a Secondary Treatment requires the facility to have an established Water Management Program. Submit documented evidence with this application.
2. This form is for designating the facility as a Public Water Supply (PWS) and is the first step in the application process for a permit to install secondary treatment.
3. A treatment application form must be submitted to the Department for approval.
4. After completing and submitting this form, if the facility is designated as a community water supply, follow recommendations in the New Community Water System Capacity Guideline Document available at Michigan.gov/EGLE and submit a capacity plan to the Department. If the facility is designated as a noncommunity water supply, complete the Capacity Development Plan form EG1714. Submit forms and documents to the Department by one of the following methods:

Email: EGLE-EH@Michigan.gov

**Mailing Address:**

Michigan Department of Environment, Great Lakes, and Energy  
Drinking Water and Environmental Health Division  
P.O. Box 30817  
Lansing, Michigan 48909-8311

5. After this form is submitted and evaluated, the Department will assign a Water Supply Serial Number (WSSN) to the system. This WSSN must be included in all subsequent documentation the facility sends to the Department.
6. For licensed facilities such as a hospital, please include a copy of the license.