



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
DRINKING WATER AND ENVIRONMENTAL HEALTH DIVISION

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

Completion is required under the authority of Part 13, 1976 PA 399.

Shaded areas are for EGLE use only.

Public Water Supply (Secondary Treatment) WSSN: _____	Supplier WSSN: _____
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>I hereby state that the information provided in this application for secondary treatment is accurate and complete.</i>	
Owner's Signature _____	Date _____ Phone _____

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 it is the first step in the application process of a permit to install secondary treatment.
3. A treatment application form must be submitted to the Department for approval of the water treatment system.
4. After completing and submitting this form, if the facility is designated as a noncommunity water supply, complete the Capacity Development Plan form and submit both forms to the Department by one of the following methods:

Email: EGLE-ST@Michigan.gov

Mailing Address:
Drinking Water and Environmental Health Division
525 West Allegan Street
P.O. Box 30817
Lansing, Michigan 48909-7773

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.