



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY  
 DRINKING WATER AND ENVIRONMENTAL HEALTH DIVISION  
**PERMIT APPLICATION FOR SECONDARY TREATMENT**  
 (INSTALLATION – ALTERATION – ADDITION OR IMPROVEMENT) AS DESCRIBED HEREIN  
*Required under the Authority of the Safe Drinking Water Act 399.*

This application becomes a Safe Drinking Water Act 399 Permit only when signed and issued by authorized Michigan Department of Environment, Great Lakes, and Energy (EGLE) staff. Follow instructions below for the completion of this application.

<p><b>1. Organization or Facility, Address and WSSN</b>          Write the name and address of the facility that will own and control the secondary treatment. This permit is to be issued to:</p> <p><b>WSSN:</b></p>	<p><b>Permit Number: ST</b> _____</p>	
<p><b>2. Owner's Contact Person:</b>          Write the name of the owner who is responsible for compliance regarding this water supply and its proposed treatment below:</p> <p>Contact:          Title:          Phone:          Email:</p>		
<p><b>3. Certified Operator</b> (write the name and license number):</p>	<p><b>4. Facility Location</b> (City, Village, Township):</p>	<p><b>5. County</b>          (location of facility):</p>

<p>ISSUED UNDER THE AUTHORITY OF THE DIRECTOR OF          THE MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY          (EGLE use only)</p>	
<p>cc:</p>	<p>Issued by: _____</p> <p>Reviewed by: _____</p> <p><input type="checkbox"/> If box is marked, see special conditions in page 5 that were determined after the review process by EGLE.</p>

**Instructions:** Complete items 1 through 5 above and 6 through 20 on the following pages of this application. EGLE staff complete gray boxes after the review. Print or type all information except for signatures. Send by regular or electronic mail the completed application, plans and specifications, and any attachments to EGLE at the following address:

**Email:**  
 EGLE-ST@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

- Please Note:**
- This **PERMIT** only authorizes the installation, alteration, addition or improvement of the water treatment system described herein and is issued solely under the authority of Michigan Safe Drinking Water Act 399, as amended, further referred here as Act 399.
  - The issuance of this **PERMIT** does not authorize violation of any federal, state or local laws or regulations, nor does it obviate the necessity of obtaining such permits, including any other EGLE permits, or approvals from other units of government as may be required by law.
  - This **PERMIT** expires two (2) years after the date of issuance in accordance with R 325.11306, 1976 PA 399, administrative rules, unless construction has been initiated prior to expiration.
  - Noncompliance with the conditions of this permit and the requirements of Act 399 constitutes a violation.
  - Intentionally providing false information in this application constitutes fraud which is punishable by fine and/or imprisonment.

**6. Treatment Description** – In the space below provide a detailed description of the proposed treatment. Applications without adequate descriptions will be returned. SEE EXAMPLES BELOW. Use additional sheets if needed.

Type:  Corrosion Control  Disinfection  Other Chemicals    Feed: \_\_\_\_\_

**EXAMPLES – EXAMPLES – EXAMPLES – EXAMPLES – EXAMPLES – EXAMPLES**

Chemical Feed	This application is for the installation of two positive displacement chemical feed pumps, rated at 24 gpd @ 110 psi to inject both chlorine and ammonia to produce a residual of monochloramines. Two ANSI/NSF Standard 60 approved solutions, sodium hypochlorite (12.5%) solution and buffered ammonium salt solution, will be applied through a flow-paced control strategy by using an analog signal from a flow meter. This chemical feed system also has instrumentation to measure pH, temperature, Oxidation Reduction Potential, and total chlorine. The objective of this treatment is to reduce the risk of a Legionella contamination or other opportunistic pathogens. The system will have a monochloramine target concentration of 2.0 mg/L. The chemical used will be measured by a platform scale for chemical container.
Corrosion Control	This application is for the installation of a chemical feed pump to inject phosphate at a rate of 15 gpd at 100 psi. The phosphate proposed here is ANSI/NSF Standard 60 approved. An ANSI/NSF Standard 60 sodium hypochlorite will be also injected by using a chemical feed pump rate at 15 gpd at 100 psi to target a concentration of 1.0 ppm. The objective of this treatment is to reduce the risk of metals leaching from internal plumbing specially lead and copper. Chlorine will be injected to reduce biological contamination. The chemical used will be measured by a platform scale for chemical container.

**Water Management** – Complete all boxes below.

**7. Does the facility have an implemented water management program (WMP)?**  
 YES                       NO, explain: \_\_\_\_\_  
 If yes, did you attach the WMP document to the application?  
 YES                       NO, explain: \_\_\_\_\_  
 A WMP is required for facilities planning to have secondary treatment for bacteriological control.

**8. Has the facility contacted the water supply to inform them of the intent of installing secondary treatment?**  
 YES, see attached                       NO, explain: \_\_\_\_\_

<b>9. Source water supply information</b>  Name: _____ WSSN: _____	
<b>General Project Information – Complete all boxes below.</b>	
<b>10. Design engineer’s name, engineering firm, or treatment designer’s address, phone number, and Email address:</b>	<b>11. Indicate who will provide project construction inspection:</b> <input type="checkbox"/> Organization listed in Box 1 <input type="checkbox"/> Consultant listed in Box 10 <input type="checkbox"/> Other - name, address, and phone number listed below:
<b>12. Is a basis of design attached?</b> <input type="checkbox"/> YES, see attached <input type="checkbox"/> NO, explain: _____ If no, briefly explain why a basis of design is not needed.  The basis for design must include population served, water consumption, and any other element necessary for the calculation of targeted concentrations of the chemicals being injected. Refer to page 6 of this application for a standard basis for design sheet.	
<b>13. Are engineering plans/drawings attached?</b> <input type="checkbox"/> YES, see attached <input type="checkbox"/> NO, explain: _____ If no, briefly explain why engineering plans are not needed.	
<b>14. Are construction specifications attached?</b> <input type="checkbox"/> YES, see attached <input type="checkbox"/> NO, explain: _____	
<b>15. Were Recommended Standards for Water Works, Suggested Practice for Water Works, AWWA Guidelines, and the requirements of Act 399 and its administrative rules followed?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO, explain: _____ If no, explain which deviations were made and why.	
<b>16. Are all coatings, chemical additives and construction materials ANSI/NSF or other adequate 3rd party approved and copy of certificate attached?</b> <input type="checkbox"/> YES, see attached <input type="checkbox"/> NO, explain: _____ If no, describe below what coatings, additives or materials did not meet the applicable standard and why.	
<b>17. Are water quality parameters indicated below collected, analyzed, and a laboratory report attached?</b> <input type="checkbox"/> YES, see attached <input type="checkbox"/> NO, explain: _____	
Lead Copper pH Alkalinity	Calcium Conductivity Sulfate Chloride Contaminants (Arsenic, Nitrate, Nitrite, etc.)
<b>18. Are manufacturer’s operating conditions regarding water chemistry and physical parameters (pressure, flow, loading rates) of the treatment system attached?</b> <input type="checkbox"/> YES, see attached <input type="checkbox"/> NO, explain: _____	
<b>19. Are maintenance activities required by the manufacturer attached and the corresponding parameters (backwash flow rate, chemical regeneration)?</b>  Backwash flow rate, volume frequency:	

<input type="checkbox"/> YES, see attached	<input type="checkbox"/> NO, explain: _____ Chemical regeneration (chemical use, amount of chemical, volume of solution, frequency):	
<input type="checkbox"/> YES, see attached	<input type="checkbox"/> NO, explain: _____ Backwash and regeneration waste discharge location:	
<input type="checkbox"/> YES, specify: _____	<input type="checkbox"/> NO, explain: _____	

**20. Owner's Certification:** The owner of the proposed facilities or the authorized representative shall complete the owner's certification included below. It is anticipated that the owner of the public water supply will either be a governmental agency (city, village, township, county, etc.) or a private owner (individual, company, association, etc.).

<b>OWNER'S CERTIFICATION</b>		
I, _____ (name), acting as _____ (title/position) <div style="text-align: center; font-size: small;">(print) (print)</div>		
_____ (entity owning proposed facilities) certify that this project has <div style="text-align: center; font-size: small;">(print)</div> been reviewed and approved as detailed by the Plans and Specifications submitted under this application, and is in compliance with the requirements of Act 399, as amended, and its administrative rules.		
_____ Signature	_____ Date	_____ Phone

**Special Conditions**  
(EGLE use only)

Issued by:

Reviewed by:

**PROJECT BASIS OF DESIGN**

PROJECT NAME: \_\_\_\_\_

For this PROJECT the following information must be provided per Act 399 unless waived by the Department.

A. Existing water system and its location

- Included layout of the location of the water system
- Existing water system P&ID or process flow diagram

B. Number of the same consumers (e.g., employees, students, etc.) served by the facility every day (non-transient):

\_\_\_\_\_

C. Number of residential consumers served by the facility for more than six months:

\_\_\_\_\_

D. Number of consumers served by the facility occasionally (transient):

\_\_\_\_\_

E. Total number of consumers served by the facility (sum of B, C, and D):

\_\_\_\_\_

F. Water flow rates and chemical injection for proposed project:

1. Design or actual average daily flow (gpm) \_\_\_\_\_

2. Design or actual maximum daily flow (gpm) \_\_\_\_\_

3. Peak demand of the system (gpm) \_\_\_\_\_

4. Required chemical concentration (mg/L):

Chemical \_\_\_\_\_ Concentration \_\_\_\_\_

Chemical \_\_\_\_\_ Concentration \_\_\_\_\_

G. Actual pressures of existing system at the entry point(s) to the facility:

Location 1: \_\_\_\_\_ pressure \_\_\_\_\_ psi

Location 2: \_\_\_\_\_ pressure \_\_\_\_\_ psi

Location 3: \_\_\_\_\_ pressure \_\_\_\_\_ psi