MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Drinking Water and Environmental Health Division

Water Supply Permit / Land Development In Known Areas of PFAS Contamination Review Referral Form

Local Health Departments (LHD) that are in review of an application, complete the information below and return to: EGLE-PFAS-DrinkingWater@Michigan.gov.

Email confirmation of your submission will be sent within five (5) business days from receipt.

Instructions are located at the end of the form. Typed entry is recommended.

SECTION 1: MPART SITE/AOI NAME _____

SECTION 2: LHD INFORMATION

_____
Submitting LHD

_____ _____ _____
Name of Primary Contact | Phone of Primary | Email of Primary

_____ _____ _____
Name of Secondary Contact | Phone of Secondary | Email of Secondary

SECTION 3: WELL APPLICATION INFORMATION/PROPOSED WELL LOCATION

_____ _____ _____
Street Address | City | State

_____ _____ _____
Zip Code | Township(s)/Section(s) | Parcel ID Number (or Tax ID Number)

SECTION 4: WELL CLASSIFICATION

Select Only One:

☐ Type IIa ☐ Type IIb ☐ Type III ☐ Private

Proposed Use: _____

Licensed Facility: ☐ NO ☐ YES License Type: _____

Non-transient Population: _____ Transient Population: _____ Peak Demand (GPM): _____

Check all descriptors that apply. Please put any additional information in the comments section.

☐ New Construction ☐ Replacement ☐ Change of Use

☐ Out of Water ☐ Occupied Structure ☐ Other

☐ Rule review for a proposed condominium, preliminary plat, or division less than one acre

SECTION 5: COMMUNITY WATER CONTAMINATION

Community Water Supply Available? ☐ NO ☐ YES _____

Name of Community Water Supply

SECTION 6: CONTAMINATION

Potential / Known Sources of Contamination (in addition to PFAS):

Source(s): _____

Distance (in feet)/Direction: _____

SECTION 7: ATTACHED INFORMATION (checklist)

Include the following with the referral, if applicable:

☐ Permit or Development Application

☐ Proposed Well Capacity GPM

☐ Description of Deviations Proposed/Requested

☐ Hydrogeological Study/Data provided by LHD from applicant's consultant

☐ Supporting Documentation (site drawings, field notes, site report, well record, etc.)

LHD PROPOSED CONSTRUCTION REQUIREMENTS AND ADDITIONAL COMMENTS:

_____

_____

_____

_____

INTERNAL USE ONLY:

Received by: _____ Date: _____

Identified Review Team Lead: _____

LHD Notification of Receipt Date: _____

Review Team Email Notification Date: _____

Letter Transmission to LHD Date: _____

Water Supply Permit / Land Development
In Known Areas of PFAS Contamination
Review Referral Form Instructions

DO NOT INCLUDE INSTRUCTIONS WITH YOUR SUBMISSION

SECTION 1: MPART SITE/AOI NAME

Enter name of MPART Site/AOI Name. Example: Belding Wastewater Treatment Plant

For information related to MPART sites or Areas of Interest (AOI), use the following link, Michigan.gov/PFASResponse, and click on "Identified Sites," then filter through the list or launch the map of your choice to confirm the name of the MPART Site or AOI.

SECTION 2: LHD INFORMATION

- Enter the requested information.

SECTION 3: WELL APPLICATION INFORMATION/PROPOSED WELL LOCATION

- Enter the complete address of the well location or if yet to be assigned, the parcel ID number.

SECTION 4: WELL CLASSIFICATION

- Check the appropriate well classification type and provide additional information in the comments section as needed.
- Enter the intended purpose of the well.
- If well is to supply a licensed facility, complete with license type(s) (e.g., food establishment, campground, daycare, etc.).
- Enter estimated population to be served by the well and calculated peak demand in gallons per minute (gpm). If not a public well, indicate the estimated well capacity.
- Check all applicable descriptions of the proposed well.

SECTION 5: COMMUNITY WATER CONTAMINATION

- Check if a community water supply is available, and if available, list water source.

SECTION 6: CONTAMINATION

- List source of known contamination and the distance and direction from the subject well.

SECTION 7: ATTACHED INFORMATION (checklist)

- Use the checklist to identify additional information provided with the referral.
- Enter the LHD's proposed construction requirements (e.g., well depth, isolation, construction materials, drilling method, engineering controls, etc.) and/or additional information and comments that would be helpful for the review team to consider.

People with disabilities may request this material in an alternate format by emailing EGLE-Accessibility@Michigan.gov or calling 800-662-9278.

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This form and its contents are subject to the Freedom of Information Act and may be released to the public.