



REQUEST FOR WATER SUPPLY CLASSIFICATION REVIEW

*This form is to be completed, and **all pages** submitted by Local Health Department staff or EGLE staff. It is to be used to request a review and classification determination of a new or existing water supply. The developer, association, supplier, and/or consultant is to provide current copies of this information to the Local Health Department and/or EGLE, as requested.*

Complete all below fields, as applicable.

SECTION A – Date and Form Completed by		
Date of Request:		
Form Completed by:	Title:	
SECTION B – Location and Staff, if known		
County Location:	CWS District Number:	
CWS Engineer:		
CWS District Supervisor:		
EGLE NCWS Analyst:	EGLE Type III Analyst:	
Any additional staff previously consulted with:		
Local Health Department Contacts (provide 2):		
Name:	E-Mail:	Telephone Number:
Name:	E-Mail:	Telephone Number:
If a Licensed Entity, include MDARD, LARA or DHHS Contact:		
SECTION C – If an <i>EXISTING</i> Water System		
Current Classification:		
PWSID or WSSN (<i>if applicable</i>):		
Water System Name:		
Other Name:		
Address:	Township:	
City:	Michigan	Zip Code:
SECTION D – If a <i>PROPOSED</i> New Construction Water System		
Name of Proposal:		
Township:	Section Number:	
Address (<i>if available</i>):		
City:	Michigan	Zip Code:

SECTION E – Reason for Engaging Review Team (<i>check all that apply</i>): Reference Policy DWEHD-399-013 – Classification of Public Water Supplies. Visit Michigan.gov/EGLE/-/Media/Project/Websites/EGLE/Documents/Policies-Procedures/DWEHD/399-013-Classification-of-Public-Water-Supplies.pdf .	
<input type="checkbox"/>	Proposed developments with 9-14 living units.
<input type="checkbox"/>	Proposed developments and future phases where multiple Type III or a combination of Type III and private wells are proposed to serve nine (9) or more living units.
<input type="checkbox"/>	Situations where questions regarding same general location, or similar ownership or operation, are occurring.
<input type="checkbox"/>	Other unique situations that arise within EGLE or where the LHD requests review/assistance such as, but not limited to Act 59 Developments including Site Condominiums, or Conversion Condominiums.
<input type="checkbox"/>	Existing water supplies and their current classification where a new classification of Type I is being proposed.
<input type="checkbox"/>	Other, please describe:

SECTION F – Describe the <i>EXISTING</i> Water Supply	
Number of Current Service Connections (SC)/Population (P):	<input type="checkbox"/> SC or <input type="checkbox"/> P
Total Number of Existing Wells:	
Current Use of Wells (<i>example drinking water, irrigation</i>):	
Period of Current Service Dates:	thru
Comments:	

SECTION G – Describe the <i>PROPOSED</i> Full Phase/Full Capacity Water Supply	
Projected Maximum Number of Service Connections/Population:	
Total Number of Proposed Wells:	
Proposed Use of Well(s):	
Proposed Period of Service (<i>example all year vs. partial year</i>):	
Comments:	

SECTION H – ATTACH the following Supplemental Documents along with this form:	
<input type="checkbox"/>	Owner name and contact information, along with contact information for project.
<input type="checkbox"/>	Site plans showing well(s) existing and/or proposed, aerial photos, online parcel map.
<input type="checkbox"/>	Documents, including emails, regarding status of the supply or details about the proposed system, service connections, structures served.
<input type="checkbox"/>	If purpose of review is to review applicability of Rule 503 of Act 399, documentation regarding ownership and/or operation of adjacent or contiguous parcels. This is typically obtained from the County Assessor’s office or online parcel maps.
<input type="checkbox"/>	Information regarding possible accessibility/availability to connect to an existing community water supply.
<input type="checkbox"/>	Any other documents that may be relevant.

For CONDOMINIUM DEVELOPMENTS, *additional* documentation is requested and is dependent on the type of project:

SECTION I – If an <i>EXISTING</i> Condominium Project, also include the following:	
<input type="checkbox"/>	Copies of the recorded condominium documents (Recorded Master Deed, Bylaws, Exhibits, Condominium Subdivision Plan, and any amendments).
<input type="checkbox"/>	When amendments are proposed, include description and/or site plan.
<input type="checkbox"/>	Site plan showing existing well(s) and respective service connection(s), unless clearly shown on the recorded Utility Plan Exhibit and/or condominium subdivision plan.
<input type="checkbox"/>	Copy of the site report.
<input type="checkbox"/>	Copy of the LHD preliminary approval and/or final approval letter(s) for review of the condominium project.

SECTION J – If a <i>PROPOSED NEW</i> Condominium Project, also include:	
<input type="checkbox"/>	Proposed building(s) use (residential and/or non-residential).
<input type="checkbox"/>	A proposed site plan identifying the unit boundaries.
<input type="checkbox"/>	Location and description of proposed common elements (general and limited).
<input type="checkbox"/>	Proposed ownership/maintenance of any water supply related features.
<input type="checkbox"/>	Identification of whether the project will be expandable and/or phased development.
<input type="checkbox"/>	Proposal for granting the express permission to subdivide any unit in condo documents.

SECTION K – If a <i>PROPOSED CONVERSION</i> Condominium Project, also include:	
<input type="checkbox"/>	Existing and proposed building(s) use (residential and/or non-residential).
<input type="checkbox"/>	A proposed site plan identifying the: <ul style="list-style-type: none"> ● Unit boundaries ● Unit number ● Location and description of proposed common elements (general and limited) ● Existing well(s) locations ● All water service connections on the subject parcel ● Any existing or proposed service connections to other parcels (and number residents or persons served)

SECTION L – Request for Classification Review Form Prepared by LHD or EGLE:

The information provided is that known and available as of the date below. It is understood that should any additional information become available, prior to the determination being made by the Classification Review Team, that it will be submitted.

 Printed Name

 Date

 E-Mail

 Telephone Number

Local Health Department or EGLE staff to submit completed Request for Classification Review form, along with supplemental and required documents, to EGLE at the E-mail or mailing address listed below:

E-mail: EGLE-EH@Michigan.gov

Mail:

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

Return this completed form to EGLE

If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 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.