MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Drinking Water and Environmental Health Division

Request for Water Supply Classification Review

*This form is to be completed, and **all pages** submitted by Local Health Department (LHD) 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 *EXISTING* Water System

Current Classification: _____

PWSID or WSSN (*if applicable*): _____

Water System Name: _____

Other Name: _____

Address: _____ Township: _____

City: _____ Michigan Zip Code: _____

SECTION D – If a *PROPOSED* New Construction Water System

Name of Proposal: _____

Township: _____ Section Number: _____

Address (*if available*): _____

City: _____ Michigan Zip Code: _____

SECTION E – Reason for Engaging Review Team (*check all that apply*):

- ☐ Proposed developments with 9-14 living units.
- ☐ 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.
- ☐ Situations where questions regarding same general location, or similar ownership or operation, are occurring.
- ☐ 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.
- ☐ Existing water supplies and their current classification where a new classification of Type I is being proposed.
- ☐ Other, please describe: _____

_____

SECTION F – Describe the *EXISTING* Water Supply

Number of Current Service Connections (SC)/Population (P): _____ ☐ SC or ☐ P

Total Number of Existing Wells: _____

Current Use of Wells (*example drinking water, irrigation*): _____

Period of Current Service Dates: _____ thru _____

Comments: _____

_____

_____

_____

SECTION G – Describe the *PROPOSED* 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 (*example all year vs. partial year*): _____

Comments: _____

_____

_____

_____

SECTION H – ATTACH the following Supplemental Documents along with this form:

- ☐ Owner name and contact information, along with contact information for project.
- ☐ Site plans showing well(s) existing and/or proposed, aerial photos, online parcel map.
- ☐ Documents, including E-mails, regarding status of the supply or details about the proposed system, service connections, structures served.
- ☐ 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.
- ☐ Information regarding possible accessibility/availability to connect to an existing community water supply.
- ☐ 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 *EXISTING* Condominium Project, also include:

- ☐ Copies of the recorded condominium documents (Recorded Master Deed, Bylaws, Exhibits, Condominium Subdivision Plan, and any amendments).
- ☐ When amendments are proposed, include description and/or site plan.
- ☐ 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.
- ☐ Copy of the site report.
- ☐ Copy of the LHD preliminary approval and/or final approval letter(s) for review of the condominium project.

SECTION J – If a *PROPOSED NEW* Condominium Project, also include:

- ☐ Proposed building(s) use (residential and/or non-residential).
- ☐ A proposed site plan identifying the unit boundaries.
- ☐ Location and description of proposed common elements (general and limited).
- ☐ Proposed ownership/maintenance of any water supply related features.
- ☐ Identification of whether the project will be expandable and/or phased development.
- ☐ Proposal for granting the express permission to subdivide any unit in condo documents.

SECTION K – If a *PROPOSED CONVERSION* Condominium Project, also include:

☐ Existing and proposed building(s) use (residential and/or non-residential).

☐ A proposed site plan identifying the:

- 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, 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

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.