



Application and Permit to Install Water Supply System

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

Shaded areas for Local Health Department or DEQ use only.

Permit to:	<input type="checkbox"/> Construct a Public Well Under 1976 PA 399	<input type="checkbox"/> Alter a Public Well Under 1976 PA 399
Well Permit Number	WSSN	Source ID

Establishment Name _____		Address _____	
City _____		State	MICHIGAN
County _____		Township _____	
Owner/Manager Name _____		Section _____	
Address _____		Contact Phone _____	
Average No. of Persons Served Per Day _____		No. of Service Connections _____	
Premise Type _____ <small>(Restaurant, Campground, School, etc.)</small>		License Type _____ <small>(Food, Campground, DHS, etc.)</small>	
Seasonal Operation	No <input type="checkbox"/>	Yes <input type="checkbox"/>	From _____ To _____
Applicant Name _____		Address _____	
City _____		State	Zip _____
<i>I hereby apply for this permit and have authorization to do so. I understand this is a construction permit only and that the well is not to be put into service until approval has been granted. I further state the information given is accurate and complete.</i>			
Applicant's Signature _____		Date	Phone () - _____

Provide scale drawing where indicated.
DO NOT PROCEED WITH CONSTRUCTION WITHOUT PERMIT APPROVAL FROM THE LOCAL HEALTH DEPARTMENT
PERMIT IS VALID FOR 2 YEARS FROM THE DATE OF ISSUANCE

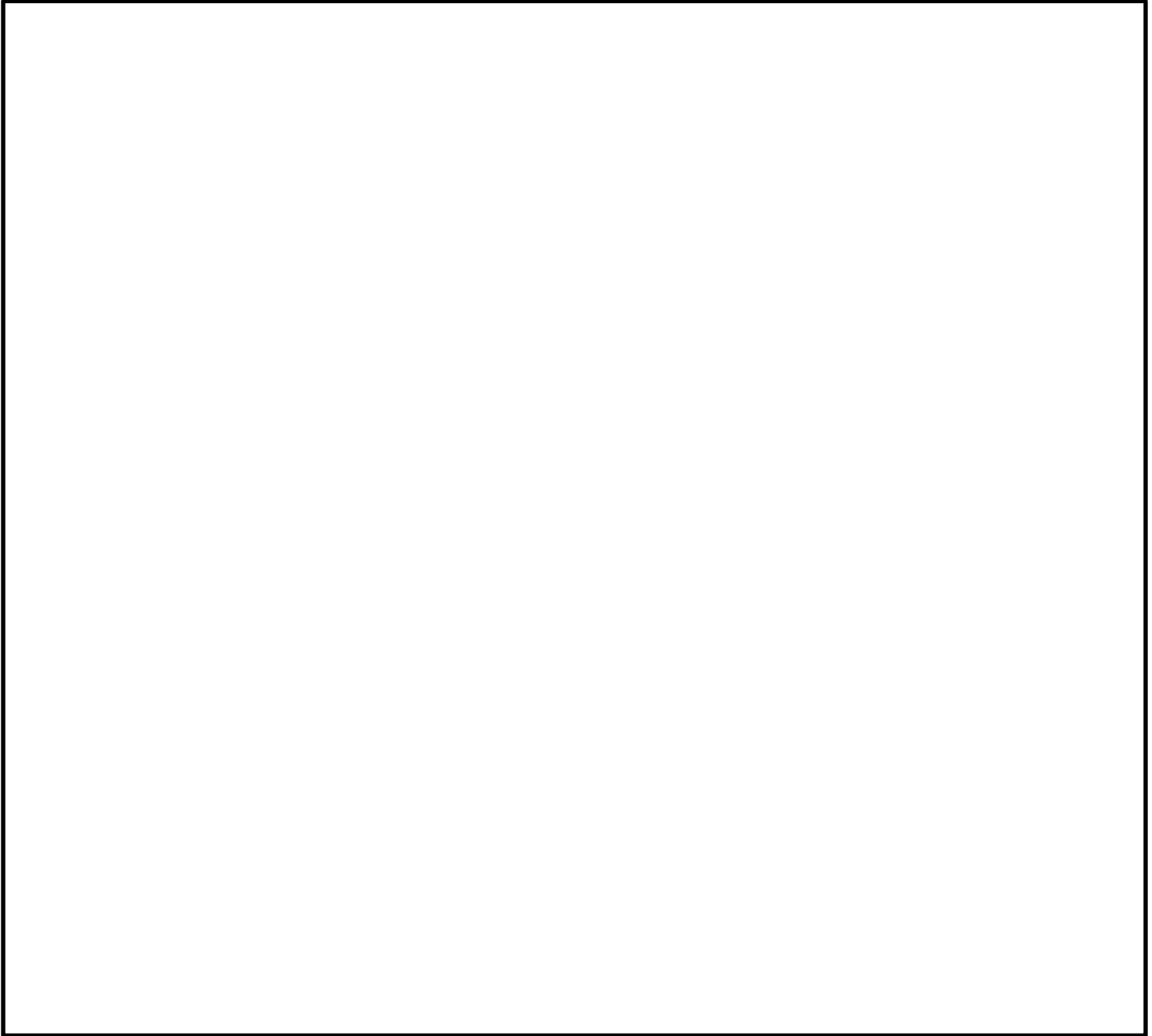
Well Site Evaluation By _____		Date _____	
Classification	Type IIA <input type="checkbox"/>	Type IIB <input type="checkbox"/>	Required Minimum Pump Capacity _____ GPM
Standard Isolation Area _____ Ft.		Major Isolation Area _____ Ft.	
Permit Conditions/Deviations _____			
Permit Approval/Denial By _____		Date _____	
<i>Not valid unless signed by local health department</i>			

Final Inspection By _____		Date _____	
Casing Termination Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Storage Tank Approved
Well Location Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sample Tap Approved
Well Construction Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pressure Relief Valve
Well Record Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pump Capacity Adequate
1 ST Coliform Bacteria Test	Result _____	Date _____	Nitrate Test
2 ND Coliform Bacteria Test	Result _____	Date _____	Other
Water Supply Approved By _____		Date _____	
Comments _____			

WSSN: _____ Facility Name: _____

SCALE DRAWING:

Make a SCALE DRAWING indicating north, including dimensions, in the space provided below or attach separate sheet. Show well location in respect to all possible sources of contamination, including adjacent properties, sewer lines, septic system(s), and major sources of contamination. This drawing must be approved by the local health department before installation of the well.

A large, empty rectangular box with a black border, intended for the user to draw a scale drawing of the well location and its surroundings.

After well construction is completed, a water well and pump record must be submitted and approved, the local health department is to be notified for final inspection, and applicable sampling of the well and water supply system is to be completed. Approval from the local health department is required prior to placing water supply well into service.

EXISTING AND PROPOSED FIXTURE COUNT
For Calculating Peak Demand

Facility Name _____ Date _____
 WSSN _____ Well Number _____
 Contact Name _____ Phone _____

Please fill in the quantity for each of the following water connections.

- | | |
|---|--|
| _____ Toilet with tank | _____ Kitchen / breakroom sink – single faucet |
| _____ Toilet with flush valve | _____ Kitchen / breakroom sink – double faucet |
| _____ Urinal with tank | _____ Spray rinse, hand operated |
| _____ Urinal with flush valve | _____ Ice machine |
| _____ Hand sink (all) | _____ Ice cream dipper well |
| _____ Tub or tub/shower combination | _____ Glass filling faucet |
| _____ Shower only | _____ Hot beverage unit (directly connected) |
| _____ Drinking fountain | _____ Cold beverage unit (soda, juice) |
| _____ Service/Mop sink | _____ Garbage disposal - domestic |
| _____ Water softener | _____ Garbage disposal - commercial |
| | _____ Automatic dishwasher ** |
| _____ Auto / equipment washing, hand spray type | _____ Bulk chemical dispensing unit ** |
| | _____ Boiler unit/steam heating unit ** |
| _____ Dental equipment | |
| | _____ Groundwater heat pump ** |
| _____ 1/2"connection (washer, hose bibb, hydrant) | _____ Air conditioner (water cooled) ** |
| _____ 5/8"connection (washer, hose bibb, hydrant) | _____ Evaporative cooler ** |
| _____ 3/4"connection (washer, hose bibb, hydrant) | |
| | _____ Lawn sprinkler per sprinkler head ** |
| _____ Other water using fixtures (describe) | |
| _____ | _____ Campground site water connections |
| _____ | _____ Campground park model or home |

**Please include manufacturer specifications for water demand (gpm) required per fixture.
 Fixture count sheet to be completed and submitted with the permit application.