



**APPLICATION TO INSTALL OR ALTER
A PUBLIC WATER SUPPLY SYSTEM**

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

Type of Permit Request

- New well and water supply
- Replacement well only
- Alteration of an existing public water supply (distribution system)
- Conversion from existing operation to new use

Establishment Details

Name: _____
 Address: _____
 County: _____
 Township: _____ Section: _____
 WSSN: _____ Tax ID: _____

Dates of Operation of the Water System: Year-round Yes No, from _____ to _____
 Drain all or a portion of the system: Yes No

Number of Service Connections (Buildings): _____

Proposed or existing use (Restaurant, Campground, School, Church, etc.): _____
 License(s) if applicable (Food, Campground, Childcare, etc.): _____

Wastewater System: Onsite Disposal (private) Sanitary Sewer (community)

Owner Details

Owner Name: _____
 Mailing Address: _____
 Email Address: _____
 Phone Number: _____

Operator Details

Nontransient systems and systems with regulated treatment

Certified Operator Name: _____
 Operator Number: _____
 Email Address: _____
 Phone Number: _____

Population

Number of Full Time Employees: _____ Number of Part Time Employees: _____
 Number of Students (Schools): _____ Number of Children (Licensed Daycare): _____
 Average Number of Non-Employees (Guests) Served Per Day:
If the facility is not open every day, use the total of 30 busiest days and divide by 30.
 Number of Residents _____

Water Treatment

(e.g., Softener, In-line Filter, Contaminant Removal)

An additional treatment permit may be necessary once the treatment scope is reviewed.

Is there proposed or existing water treatment? Yes No

Describe all treatment devices and their purpose(s) :

Well Installations (if applicable)

Registered Well Contractor Company Name: _____

Phone Number: _____

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.

Project Description

Provide a detailed description of the project. Provide product information if you are installing any fixtures, treatment devices, filters, etc. All products must meet NSF/ANSI 60 and 61 to be approved for use in a public water supply system. Use additional sheets as necessary.

(Examples: Remodel project will include replacing all current plumbing fixtures. Replacing pressure tanks. Replacing water softener.)

Complete the Fixture Count Worksheet

Method(s) used to calculate peak demand: _____

Estimated peak demand (gallons per minute): _____

The applicant may have like-sized facilities where water usage is known, e.g., chain of fast-food restaurants. In those cases, the system sizing could be based upon the known water usage and pumping capacity. If used to estimate peak demand, submit documentation of water usage at the like-sized facility with this application.

If the manufacturer’s rated pump capacity is or will be greater than 70 gallons per minute, completion of the Michigan’s Water Withdrawal Assessment Tool (WWAT) is required. The WWAT is available at the following link [Water Withdrawal Assessment Tool](http://www.EGLE.State.MI.US/WWAT) (http://www.EGLE.State.MI.US/WWAT).

Drawing

Describe the type of drawing submitted (engineered plans, scale drawings, etc.). If engineered plans are available, submit a full set of project plans with this application.

Type of Drawing:
(hand, scaled,
engineered) _____

If Applicable:

Professional Engineer
or Consultant Name: _____

Email Address: _____

Phone Number: _____

If engineered plans are not available, submit a scale drawing on an 8.5" x 11" paper or larger. The drawing must minimally include:

1. North arrow
2. Property lines and dimensions
3. Streets or roads and driveways
4. Existing and proposed buildings – include distance to roads and landmarks
 - a. Indicate proposed additions or changes to existing buildings for remodeling.
 - b. Attach existing and proposed floor plan for remodeling.
5. Well locations – (proposed and/or existing) with distance to wastewater discharge system shown
6. Wastewater discharge system components – proposed and/or existing
7. Neighboring wastewater discharge systems (within 300 feet)
8. Sanitary and storm sewers
9. Surface water, e.g., lakes, streams, ponds
10. Underground and above ground fuel storage tanks
11. Utilities, e.g., electric (above and below ground), natural gas, propane, phone

Certification

I hereby apply for this permit and have authorization to do so. I understand this is a construction permit only and that the well and/or water system is not to be put into service until approval has been granted by the local health department. I further state the information given is accurate and complete.

Applicant Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Date: _____

Applicant's Signature: _____

Applicant's Title/Position: _____

Fixture Count Worksheet

Please fill in the quantity for each of the following fixtures:

- | | |
|--|---|
| _____ Toilet with tank | _____ Ice machine |
| _____ Toilet with flush valve | _____ Ice cream machine |
| _____ Urinal with tank | _____ Ice cream dipper well |
| _____ Urinal with flush valve | _____ Glass filling unit |
| _____ Bathroom sink | _____ Hot chocolate unit |
| _____ Bathtub or tub/shower combination | _____ Coffee unit/urn |
| _____ Shower | _____ Groundwater heat pump ¹ |
| _____ Drinking fountain | _____ Air conditioner (water cooled) ¹ |
| _____ Laundry tub | _____ Evaporative cooler ¹ |
| _____ Service or Mop sink | _____ Bulk chemical dispensing unit ¹ |
| _____ Lawn sprinkler per sprinkler head ¹ | _____ Boiler unit/steam heating unit ¹ |
| _____ Auto washing, hand spray type | _____ Washing machine |
| _____ Tractor and equipment washing | _____ 1/2" connection |
| _____ Water softener | _____ 5/8" connection |
| _____ Dental unit | _____ 3/4" connection |
| _____ Dental lavatory | _____ Hose bibb or Yard hydrant ² |
| _____ Garbage disposal – domestic/household | _____ 1/2" connection |
| _____ Garbage disposal – commercial | _____ 5/8" connection |
| _____ Kitchen sink – small | _____ 3/4" connection |
| _____ Kitchen sink – large/double/triple | _____ Other (describe) |
| _____ Automatic dishwasher ¹ | _____ |
| _____ Spray rinse, hand operated | _____ |

¹Please include manufacturer specifications for water demand (gpm) required per fixture, if available.

²Yard hydrants must be on the EGL approved list (no open weep hole into the ground).

If you need this information in an alternate format, contact EGL-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.