



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Drinking Water and Environmental Health Division

**Application for State of Michigan
Bottled Water Source Approval**

*** PLEASE PRINT ***

APPLICANT BUSINESS INFORMATION

Business Name: _____

Owner: _____

Contact Person: _____

Mailing Address: _____

Business Location: _____

Telephone Number: _____

Fax Number: _____

E-mail: _____

WATER SOURCE INFORMATION

Source Name: _____

Source Location/County: _____

Mail: Megan Webber
Michigan Department of Environment, Great Lakes, and Energy
Drinking Water and Environmental Health Division
Environmental Health Section
Noncommunity Water Supplies Unit
P.O. Box 30817
Lansing, Michigan 48909-8311

E-mail: EGLE-EH@Michigan.gov

EGLE Office Use Only

Date Application Received: _____

Date Approved: _____

Date Denied: _____

Comments: _____

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