



**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: _____

PWSID/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.): _____

Licenses(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 applicant proposes installation of a pump less than the peak demand calculation from the permit, additional information will be required.

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 EGLE approved list (no open weep hole into the ground).

If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 800-662-9278.

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