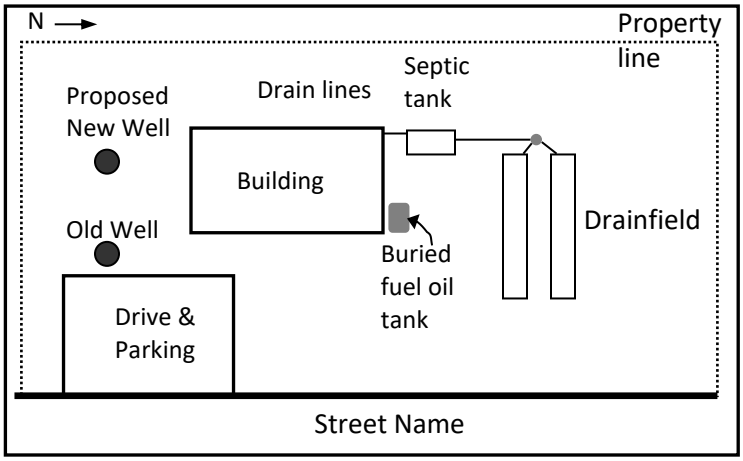
Instructions for Completing a Noncommunity Water Supply Permit Application

1. Fill out application completely. An incomplete or inaccurate application will be returned to you prior to our office initiating any work. This may delay the issuance of the permit. A scaled drawing is to be completed on the back of the application in the provided space. A separate sheet of paper or engineer plans may be used for the scale drawing. The scale drawing should include the following:

   a. The distance from the proposed well site to any potential sources of contamination such as buried storm drains, sanitary and storm sewer lines, septic tanks, drainfields, drywells, grease traps, abandoned wells, surface water, livestock holding areas, etc.
   b. The distance to all major sources of contamination on the property or on adjacent properties such as: landfills, large scale chemical storage, waste lagoons, known groundwater contamination sites, buried fuel tanks, above ground fuel tanks, etc.
   c. The location of well and distribution system in relationship to property lines and all structures on the property. Please indicate any buildings on the property or on adjacent properties that will be served by the well.



2. Fill out the "Existing and Proposed Fixture Count" as completely as possible. If the manufacturer's information is not available, an estimate will be used.

3. Submit application and fee (includes two bacteriological samples, and a nitrate/nitrite sample) to:
   Kalamazoo County Health & Community Services Department
   Environmental Health Unit
   311 East Alcott St
   Kalamazoo, MI 49001

4. Payment can be made with cash, check (payable to *Kalamazoo County Health & Community Services Department*), or credit card. **Credit Card Payment:** For secure payment, submit the Credit Card Authorization Form to Kalamazoo County Environmental Health by MAIL only.

5. The permit fee includes the analysis fees for bacteriological, nitrate and nitrite samples and up to 4 site visits. Note: If more than 4 site visits are necessary a site visit fee of $110.00 will be charged. Appropriate laboratory costs will be incurred for each re-sampling visit necessary.

6. Contact the Type II Noncommunity Water Supply Coordinator, at (269) 373-5355 to make an appointment for a site evaluation and information on well construction requirements prior to drilling the water well.

7. The Environmental Health Unit will conduct a site inspection to review the proposed well location prior to drilling. Water sampling requirements will be determined during the site inspection and application review.

8. Please call for a final inspection and collection of water samples when the well is completed. The water supply cannot be approved for use until the Environmental Health Unit have:
   a. Approved the well construction and pump installation
   b. Received satisfactory water sample results
   c. Received a satisfactory Water Well and Pump Record from the well contractor(s).

A permit issued under the Safe Drinking Water Act will expire within 2 years of issuance unless construction or alteration commences. An extension can be applied for through your LHD.

EGLE

MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
DRINKING WATER AND ENVIRONMENTAL HEALTH DIVISION

APPLICATION AND PERMIT
TO INSTALL OR ALTER A PUBLIC WATER SUPPLY SYSTEM

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

Shaded areas for local health department or EGLE use only.

Permit to: ☐ Construct a Public Well Under 1976 PA 399 ☐ Alter a Public Well Under 1976 PA 399

Well Permit Number WSSN Source ID

Establishment Name _____ Address _____

City _____ State _____ Zip _____

County _____ Township _____ Section _____

Owner/Manager Name _____

Address _____ Contact Phone _____

Average No. of Persons Served Per Day _____ No. of Service Connections _____

Premise Type _____ License Type _____
(Restaurant, Campground, School, etc.) (Food, Campground, DHHS, etc.)

Seasonal Operation No ☐ Yes ☐ From _____ To _____

Applicant Name _____ Address _____

City _____ State _____ Zip _____

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.

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 ☐ Type IIB ☐ Required Minimum Pump Capacity _____ GPM

Standard Isolation Area _____ Ft. Major Isolation Area _____ Ft.

Permit Conditions/Deviations _____

Permit Approval/Denial By _____ **Date** _____

Not valid unless signed by local health department

Final Inspection By _____ Date _____

Casing Termination Approved	Yes ☐	No ☐	Storage Tank Approved	Yes ☐	No ☐
Well Location Approved	Yes ☐	No ☐	Sample Tap Approved	Yes ☐	No ☐
Well Construction Approved	Yes ☐	No ☐	Pressure Relief Valve	Yes ☐	No ☐
Well Record Approved	Yes ☐	No ☐	Pump Capacity Adequate	Yes ☐	No ☐

1ST Coliform Bacteria Test Result _____ Date _____ Nitrate Test Result _____ Date _____

2ND Coliform Bacteria Test Result _____ Date _____ Other _____ Result _____ Date _____

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.

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

_____ Toilet with flush valve

_____ Urinal with tank

_____ Urinal with flush valve

_____ Hand sink (all)

_____ Tub or tub/shower combination

_____ Shower only

_____ Drinking fountain

_____ Service/Mop sink

_____ Water softener

_____ Auto / equipment washing, hand spray type

_____ Dental equipment

_____ 1/2“connection (washer, hose bibb, hydrant)

_____ 5/8“connection (washer, hose bibb, hydrant)

_____ 3/4“connection (washer, hose bibb, hydrant)

_____ Other water using fixtures (describe)

_____

_____

_____ Kitchen / breakroom sink – single faucet

_____ Kitchen / breakroom sink – double faucet

_____ Spray rinse, hand operated

_____ Ice machine

_____ Ice cream dipper well

_____ Glass filling faucet

_____ Hot beverage unit (directly connected)

_____ Cold beverage unit (soda, juice)

_____ Garbage disposal - domestic

_____ Garbage disposal - commercial

_____ Automatic dishwasher **

_____ Bulk chemical dispensing unit **

_____ Boiler unit/steam heating unit **

_____ Groundwater heat pump **

_____ Air conditioner (water cooled) **

_____ Evaporative cooler **

_____ Lawn sprinkler per sprinkler head **

_____ 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.

Credit Card Payment Request

Please fully complete and SIGN this form and send it with the application.

Service Requested _____

Address of Property _____

Service Requested by _____

Cardholder's daytime phone number _____

Name of Credit Card Holder as it appears on the credit card:

_____
First Middle Last

Billing Address:

_____
Street Address City & State Zip Code

Costs for services (Environmental Health Unit Fee Schedule), applications, and instructions are located on the Kalamazoo County website at http://www.kalcounty.com/eh/licenses.htm. Costs for services can also be obtained by contacting Environmental Health Unit staff at (269) 373-5210.

Please charge the above credit card for the requested service(s).

Signature of Card Holder: _____ Date: _____
Kalamazoo County HCS EH, 311 East Alcott Street, Kalamazoo, MI 49001

_____ This shaded area is for office use only._____

____ Phone ____ Mail EH Staff Initials _____ Date _____

Authorization # _____ Dollar Amount $_____

Credit Card Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

V-Code: ___ ___ ___ The V-Code is the last 3 digits on the signature panel.

Expiration Date (Month & Year): ___ ___/___ ___ **MC** ☐ **Visa** ☐

Discover ☐ **AmEx** ☐

Environmental Health Unit Phone: (269) 373-5210
Web: www.kalcounty.com/eh