



**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: | <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 | 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 <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.

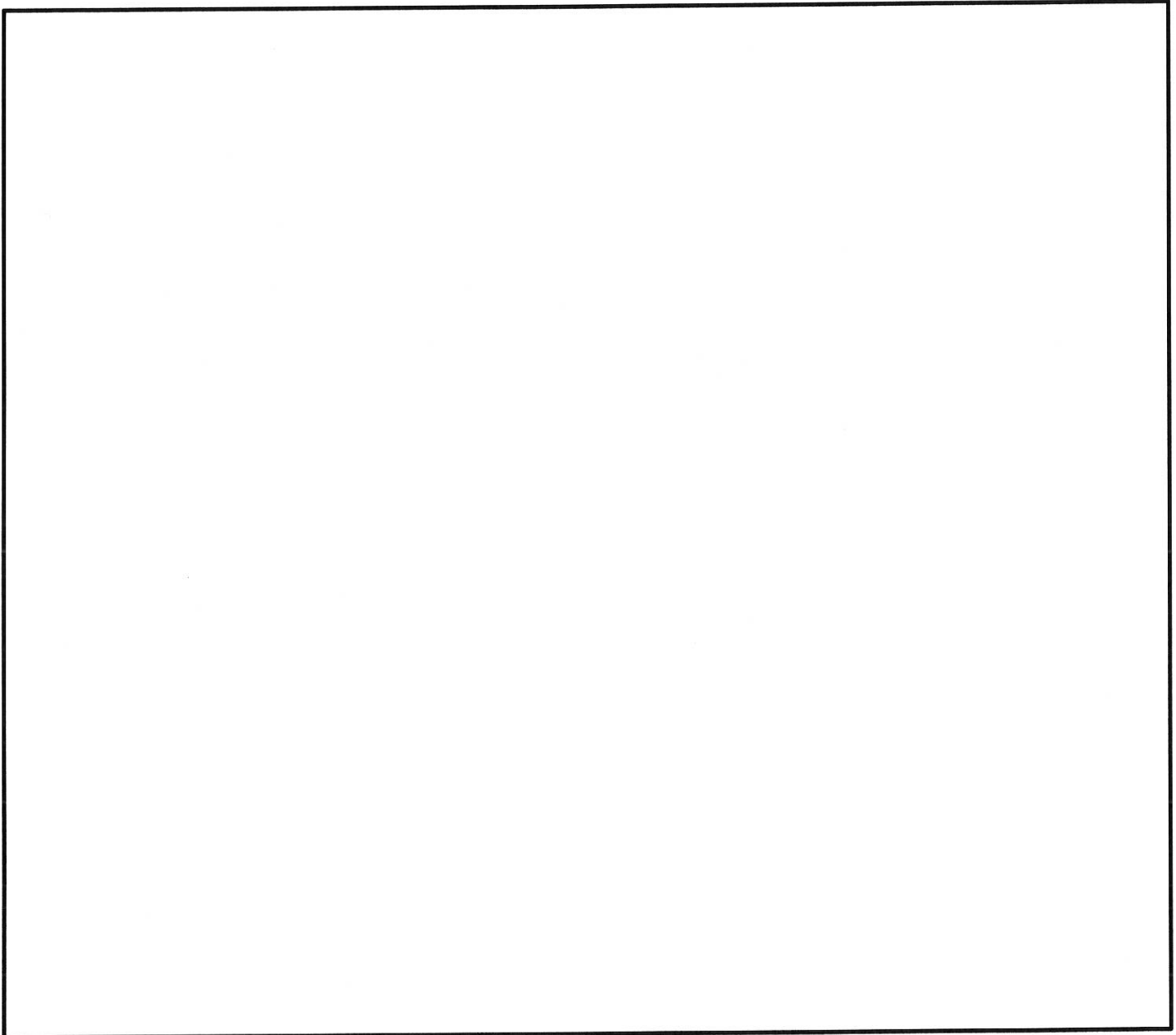
| | | |
|---|-----------------------------------|-----------------------------------|
| Well Site Evaluation By | Date | |
| Classification | Type IIA <input type="checkbox"/> | Type IIB <input type="checkbox"/> |
| Standard Isolation Area | _____ Ft. | Major Isolation Area _____ Ft. |
| Required Minimum Pump Capacity | _____ GPM | |
| 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 Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Well Location Approved | Yes <input type="checkbox"/> No <input type="checkbox"/> | Sample Tap Approved Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Well Construction Approved | Yes <input type="checkbox"/> No <input type="checkbox"/> | Pressure Relief Valve Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Well Record Approved | Yes <input type="checkbox"/> No <input type="checkbox"/> | Pump Capacity Adequate Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 1 ST Coliform Bacteria Test | Result _____ Date _____ | Nitrate Test Result _____ Date _____ |
| 2 ND 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.

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

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.