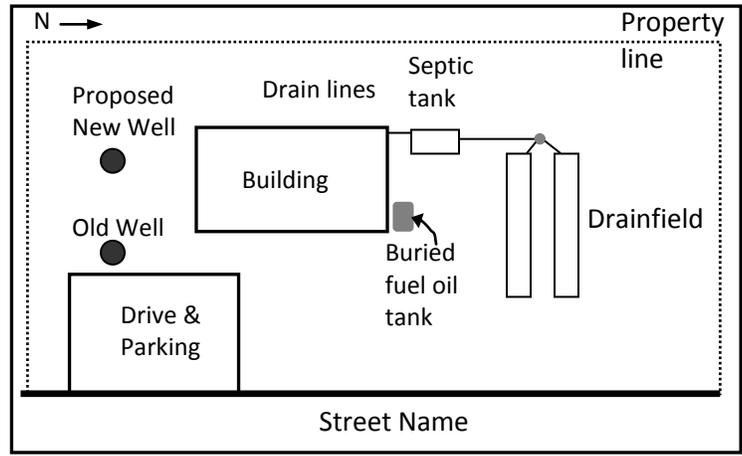


Instructions for Completing a Noncommunity Water Supply Permit Application

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 \$366.50 fee (includes two bacteriological samples, and a nitrate/nitrite sample) to:
Kalamazoo County Health & Community Services Department
Nazareth Complex
Environmental Health Division
P.O. Box 42
Nazareth, MI 49074-0042
4. Payment can be made with cash, check (payable to *Kalamazoo County Health & Community Services Department*), or credit card. **Application with credit card payment can also be submitted via e-mail to:**
ehincoming@kalcounty.com
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 \$90.00 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 Staff 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 Division 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.



Department of Environmental Quality
Office of Drinking Water and Municipal Assistance
Application and Permit to Install Water Supply System
Completion is required under the authority of Part 13, 1976 PA 399

Shaded areas for Local Health Department or DEQ 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 <u>MICHIGAN</u>	Zip _____
County _____		Township _____	Section _____
Owner/Manager Name _____			
Address _____		Contact Phone _____	
Average No. of Persons Served Per Day _____		No. of Service Connections _____	
Premise Type _____ <small>(Restaurant, Campground, School, etc.)</small>		License Type _____ <small>Food, Campground, DHS, etc.)</small>	
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

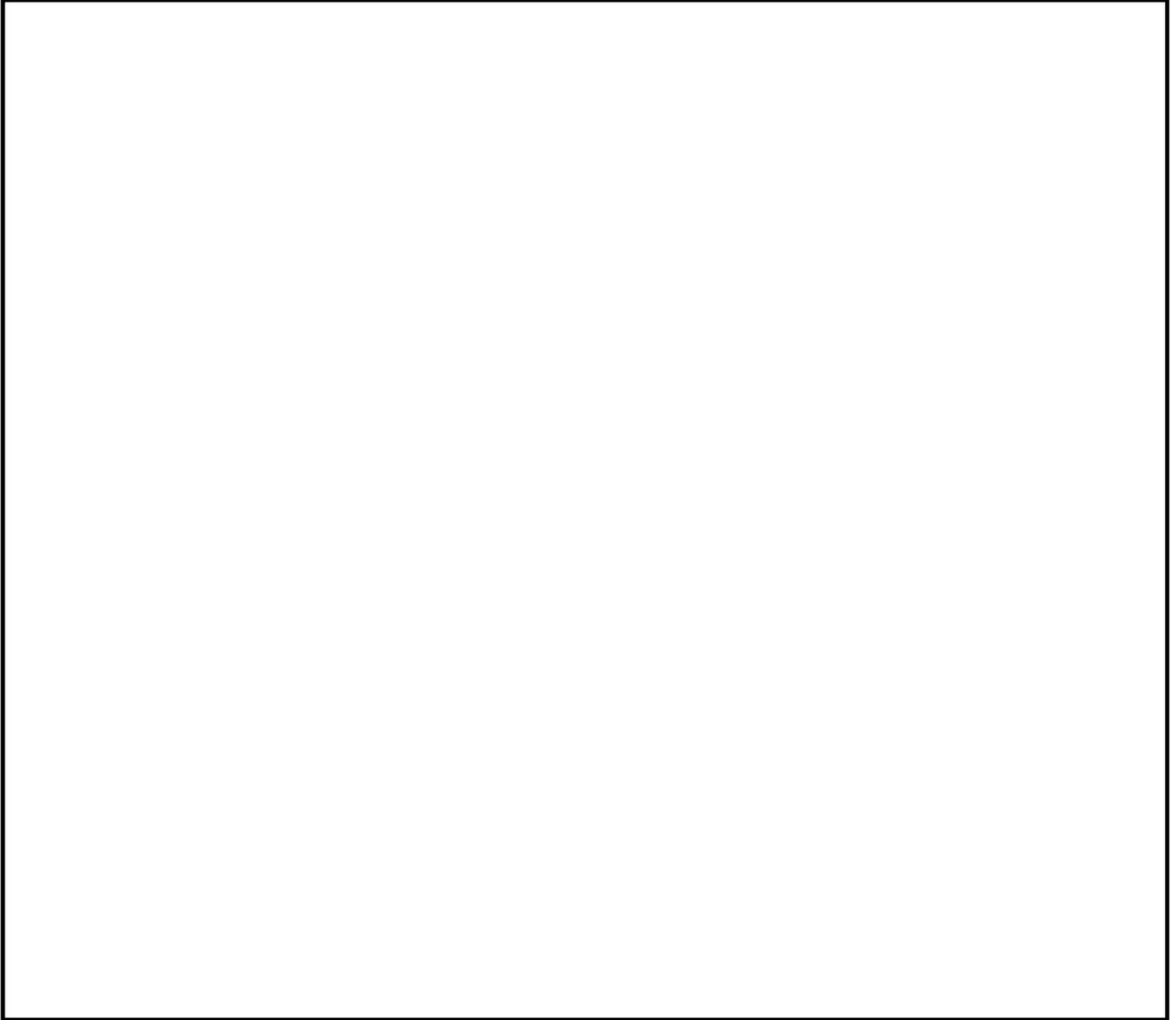
Well Site Evaluation By _____		Date _____	
Classification	Type IIA <input type="checkbox"/>	Type IIB <input type="checkbox"/>	Required Minimum Pump Capacity _____ GPM
Standard Isolation Area _____ Ft.		Major Isolation Area _____ Ft.	
Permit Conditions/Deviations _____			
Permit Approval/Denial		By _____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

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 _____
 Well Permit # _____ WSSN _____
 Contact Name _____ Phone _____

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

Water closet, with tank	_____	Ice machine	_____
Water closet, with flush valve	_____	Ice cream machine	_____
Urinal, with tank	_____	Ice cream dipper well	_____
Urinal, with flush valve	_____	Glass filling unit	_____
Lavatory	_____	Hot chocolate unit	_____
Bathtub, or tub/shower Combination	_____	Coffee unit/urn	_____
Shower	_____	Groundwater heat pump **	_____
Drinking fountain	_____	Air conditioner (water cooled) **	_____
Laundry tray	_____	Evaporative cooler **	_____
Service/Mop sink	_____	Bulk chemical dispensing unit **	_____
Lawn sprinkler per sprinkler head **	_____	Boiler unit/steam heating unit **	_____
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	_____
Garbage disposal - domestic/household	_____	1/2" connection	_____
Garbage disposal - commercial	_____	5/8" connection	_____
Kitchen sink – small	_____	3/4" connection	_____
Kitchen sink – large/double	_____	Other (describe)	_____
Automatic dishwasher **	_____		_____
Spray rinse, hand operated	_____		_____

**Please include manufacturer specifications for water demand (gpm) required per fixture.
Fixture count sheet to be completed and submitted with the permit application.

MasterCard, Visa, or Discover Card Payment Request

To pay for Kalamazoo County Environmental Health Services by fax or mail using a credit card, **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 Fee Schedule), applications, and instructions are located on the Kalamazoo County website at <http://kalcounty.com/eh/forminfo.htm>. Costs for services can also be obtained by contacting Environmental Health staff at (269) 373-5210.

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

Signature of Card Holder: _____ Date: _____

Kalamazoo County HCS Environmental Health Fax number and Address: (269) 373-5333

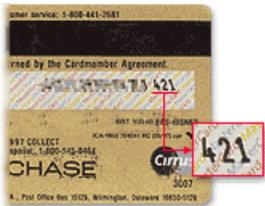
Kalamazoo County HCS EH, P.O. Box 42, Nazareth, Michigan 49074-0042

This shaded area is for office use only.

____ Phone ____ Fax ____ Mail EH Staff Initials _____ Date _____

Authorization # _____ Dollar Amount \$ _____

Credit Card Number:



V-Code: ____

The V-Code is the last three digits on the signature panel.

Expiration Date (Month & Year): ____ / ____ MC ____ Visa ____ Discover ____