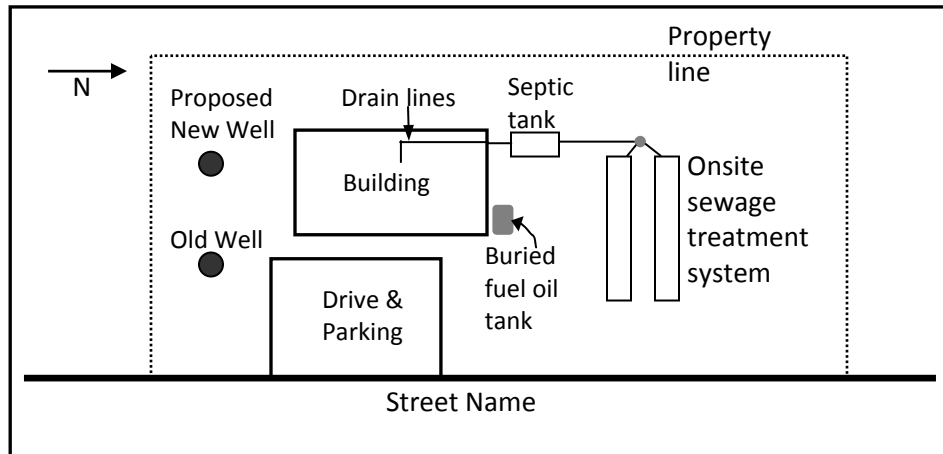


## Instructions for Completing a Type II Noncommunity Water Supply Permit Application

1. Fill out the top section and the scale drawing areas (non-shaded) of the Michigan Department of Environmental Quality Application and Permit to Install Water Supply Facilities completely. A separate sheet of paper may be used for the scale drawing.

An example of a scale drawing is shown below.



2. Fill out the Supplemental Type II Noncommunity Water Supply Application as completely as possible. If the manufacturer's information is not available, an estimate will be used.
3. Contact the Environmental Health Division Type II Noncommunity Water Supply Coordinator at 269-373-5337 to make an appointment for a site evaluation and information on well construction requirements prior to drilling the water well.
4. Submit application and \$265.90 permit fee (includes two bacteria and one nitrate/nitrite samples) to:  
Kalamazoo County Health & Community Services Department  
Nazareth Complex  
Environmental Health Bureau  
3299 Gull Road  
P.O. Box 42  
Nazareth, MI 49074-0042

Payment can be made with cash, check (payable to *Kalamazoo County Health & Community Services Department*), or credit card.

The Environmental Health Staff will conduct a site inspection and determine the best location for the water well prior to drilling. Water sampling requirements will be determined during the site inspection and application review.

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 water quality is established and the well driller's Water Well and Pump Record is received.

## Supplemental Type II Noncommunity Water Supply Application

Establishment name: \_\_\_\_\_

Type of business: \_\_\_\_\_

Total square footage of building: \_\_\_\_\_

Days & hours of operation: \_\_\_\_\_

Is facility a food service or drinking establishment? \_\_\_\_\_

Number of Seats \_\_\_\_\_ Number of seat turnovers expected per day \_\_\_\_\_

Open for: (circle appropriate meals)      Breakfast      Lunch      Dinner

Fixture Count:

Fixture type	Total number of fixtures	Manufacturer's rated gallons per minute per fixture
Water closet, with tank		
Water closet with flush valve		
Urinal with tank		
Urinal with flush valve		
Lavatory/sink		
Bathtub or tub/shower		
Shower		
Drinking fountain		
Hose bib with 1/2" connection		
Hose bib with 5/8" connection		
Hose bib with 3/4" connection		
Clothes washing machine with 1/2" connection		
Clothes washing machine with 5/8" connection		
Clothes washing machine with 3/4" connection		
Laundry tray		
Automobile wash (hand sprayer)		
Tractor & equipment washing		
Water softener		
Dental unit		
Dental lavatory		
Garbage disposal, domestic		
Garbage disposal, commercial		
Dishwasher, domestic		
Dishwasher, commercial		
Kitchen sink small		
Kitchen sink large		
Spray rinse		
Ice machine		
Ice cream machine		
Ice cream dipper well		
Glass filling unit		
Hot chocolate/cappuccino unit		
Coffee maker		
Irrigation (number of heads)		
Other water use:		



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
 WATER DIVISION  
 APPLICATION AND PERMIT TO INSTALL WATER SUPPLY FACILITIES

For DEQ/Health Department Use

Permit To:

Completion is required under the authority of Part 13 Act 1976 PA  
 Failure to comply will void this application

- Construct a Public Well Under Act 399, P.A. 1976 or Sanitary Code
- Alter a Public Water Supply Under Act 399, P.A. 1976 or Sanitary Code

Well Permit Number
Corresponding Sewage Permit No.
WSSN

ESTABLISHMENT NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 COUNTY \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ TOWN \_\_\_\_\_ N/S RANGE \_\_\_\_\_ E/W SECTION \_\_\_\_\_ FRACTION \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
 OWNER/MANAGER \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 BUSINESS TELEPHONE \_\_\_\_\_ / \_\_\_\_\_ OWNERSHIP: GOVERNMENT  PRIVATE  AVERAGE NO. OF PERSONS SERVED PER DAY \_\_\_\_\_  
 NO. OF SERVICE CONNECTIONS \_\_\_\_\_ PREMISE TYPE \_\_\_\_\_ LICENSE TYPE \_\_\_\_\_  
 (Campground, School, Airport, etc.) (Campground, Food, DSS, Migrant Labor, etc.)  
 IF SEASONAL: FROM \_\_\_\_\_ TO \_\_\_\_\_ WELL CONTRACTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_ / \_\_\_\_\_ PUMP INSTALLER \_\_\_\_\_  
 APPLICANT'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ 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 final approval has been granted. I further state the information given is accurate and complete.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_

(FOR DEQ/HEALTH DEPARTMENT USE ONLY - DO NOT WRITE IN SHADED AREAS)

WELL SITE EVALUATION INFORMATION	DATE OF EVALUATION _____ BY _____	WELL CONSTRUCTION PERMIT: APPROVAL/DENIAL DO NOT PROCEED WITH CONSTRUCTION WITHOUT SIGNATURE FROM DEQ/HEALTH DEPARTMENT REPRESENTATIVE
CLASSIFICATION: TYPE IIA	TYPE IIB	By _____ Date _____ (Not valid unless signed by the health department)
STANDARD ISOLATION AREA _____ FT. (IF ISOLATION DISTANCES ARE LESS THAN ESTABLISHED	MAJOR ISOLATION AREA _____ FT. MINIMUM STANDARDS, COMPLETE DEVIATIONS SECTION)	REQUIRED MINIMUM CAPACITY _____ GPM
PERMIT CONDITIONS/DEVIATIONS		

FINAL INSPECTION DATE \_\_\_\_\_ BY \_\_\_\_\_

WELL: CASING TERMINATION APPROVED: YES  NO

WELL LOCATION APPROVED: YES  NO

WELL CONSTRUCTION SATISFACTORY: YES  NO

VENTED: YES  NO

BURIED SUCTION LINE PROTECTED: YES  NO

PUMP: SHALLOW WELL JET  DEEP WELL JET  SUBMERSIBLE

HAND PUMP  TURBINE  OTHER

PIPING MATERIALS: MATERIAL \_\_\_\_\_  
 PRESSURE RATING \_\_\_\_\_ PSI. \_\_\_\_\_ ASTM# \_\_\_\_\_

STORAGE: TYPE \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
 CAPACITY \_\_\_\_\_ GALLONS OPERATING RANGE \_\_\_\_\_ - \_\_\_\_\_

TREATMENT: TYPE (IF ANY) \_\_\_\_\_  
 LOCATION \_\_\_\_\_

TEST RESULTS: BACTERIOLOGIC (1<sup>st</sup>) \_\_\_\_\_  
 DATE COLLECTED \_\_\_\_\_  
 BACTERIOLOGIC (2<sup>nd</sup>) \_\_\_\_\_  
 DATE COLLECTED \_\_\_\_\_  
 NITRATE \_\_\_\_\_  
 DATE COLLECTED \_\_\_\_\_ MG/L

FUTURE BACTI SAMPLING: BY OWNER:  L.H.D.  OTHER

FREQUENCY: QUARTERLY  ANNUALLY  OTHER

WELL RECORD: DATE RECEIVED \_\_\_\_\_

WATER SUPPLY APPROVED: YES  NO  BY \_\_\_\_\_  
 DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SCALE DRAWING:** Make a SCALE DRAWING, including dimensions, in the space provided below.  
 Show well location in respect to all possible sources of contamination, including adjacent properties, sewer lines, septic systems, and major sources of contamination. This drawing must be approved by the local health department before installation of the well. Please indicate north.

*After well construction is completed, a water well record must be submitted, and the DEQ/health department notified for final inspection and sampling of the well.*