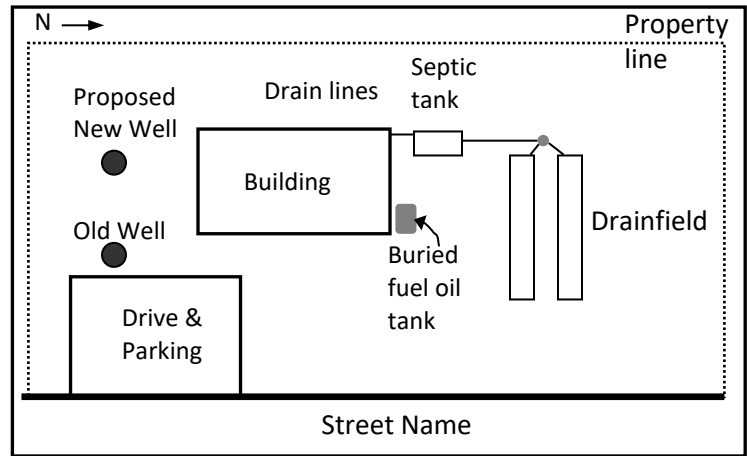


# Instructions for Completing a Noncommunity Water Supply Permit Application

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.



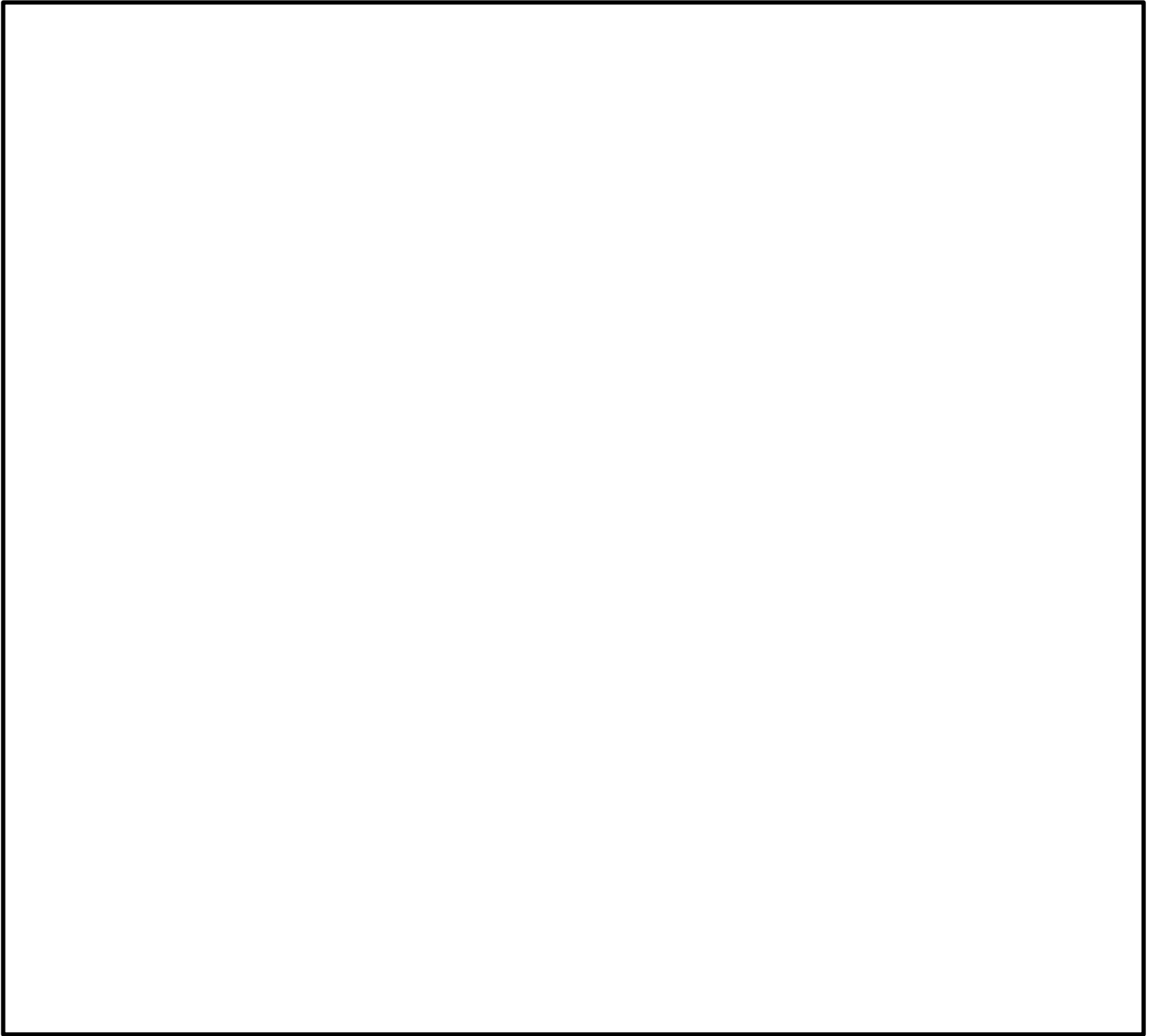
2. Fill out the "Existing and Proposed Fixture Count" as completely as possible. If the manufacturer's information is not available, an estimate will be used.
3. Submit application and [fee](#) (includes two bacteriological samples, and a nitrate/nitrite sample) to:  
Kalamazoo County Health & Community 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 FAX or 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 \$100.00 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.

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.***



**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: \_\_\_\_\_

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.): \_\_\_\_\_

License(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.*

**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 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 <sup>1</sup>          |
| _____ Drinking fountain                              | _____ Air conditioner (water cooled) <sup>1</sup> |
| _____ Laundry tub                                    | _____ Evaporative cooler <sup>1</sup>             |
| _____ Service or Mop sink                            | _____ Bulk chemical dispensing unit <sup>1</sup>  |
| _____ Lawn sprinkler per sprinkler head <sup>1</sup> | _____ Boiler unit/steam heating unit <sup>1</sup> |
| _____ 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 <sup>2</sup>      |
| _____ 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 <sup>1</sup>              | _____   |
| _____ Spray rinse, hand operated                     | _____   |

<sup>1</sup>Please include manufacturer specifications for water demand (gpm) required per fixture, if available.

<sup>2</sup>Yard hydrants must be on the EGLE approved list (no open weep hole into the ground).

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If you need this information in an alternate format, contact [EGLE-Accessibility@Michigan.gov](mailto:EGLE-Accessibility@Michigan.gov) or call 800-662-9278.

EGLE does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations. Questions or concerns should be directed to the Nondiscrimination Compliance Coordinator at [EGLE-NondiscriminationCC@Michigan.gov](mailto:EGLE-NondiscriminationCC@Michigan.gov) or 517-249-0906.

This form and its contents are subject to the Freedom of Information Act and may be released to the public.

# 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

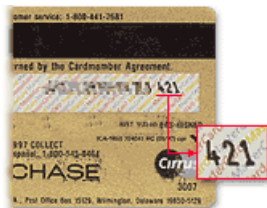
Kalamazoo County HCS EH, 311 East Alcott Street, Kalamazoo MI 49001

\_\_\_\_\_ 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 \_\_\_\_

HCS - Environmental Health Unit  
311 East Alcott Street  
Kalamazoo, MI 49001



**KALAMAZOO COUNTY GOVERNMENT**  
In the Pursuit of Extraordinary Governance...  
Health and Community Services Department

Phone: (269) 373-5337  
Fax: (269) 373-5333  
Web: [www.kalcounty.com/eh](http://www.kalcounty.com/eh)