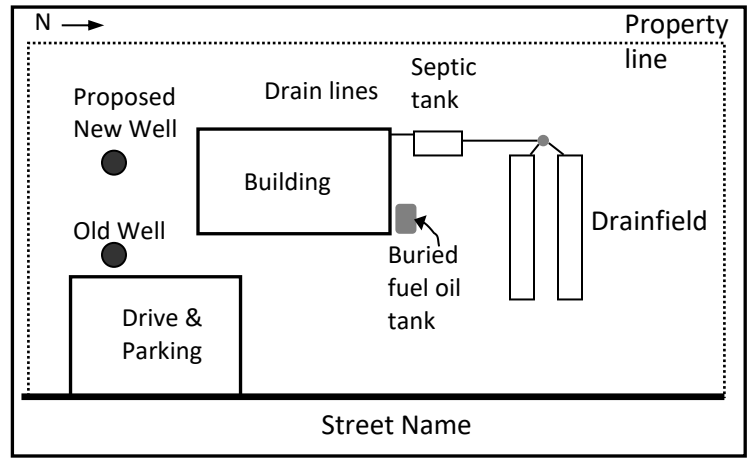


Instructions for Completing a Noncommunity Water Supply Permit Application

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.



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 _____ (Restaurant, Campground, School, etc.)	License Type _____ (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"/>
Required Minimum Pump Capacity _____	GPM _____
Standard Isolation Area _____	Ft. _____
Major Isolation Area _____	Ft. _____
Permit Conditions/Deviations _____	

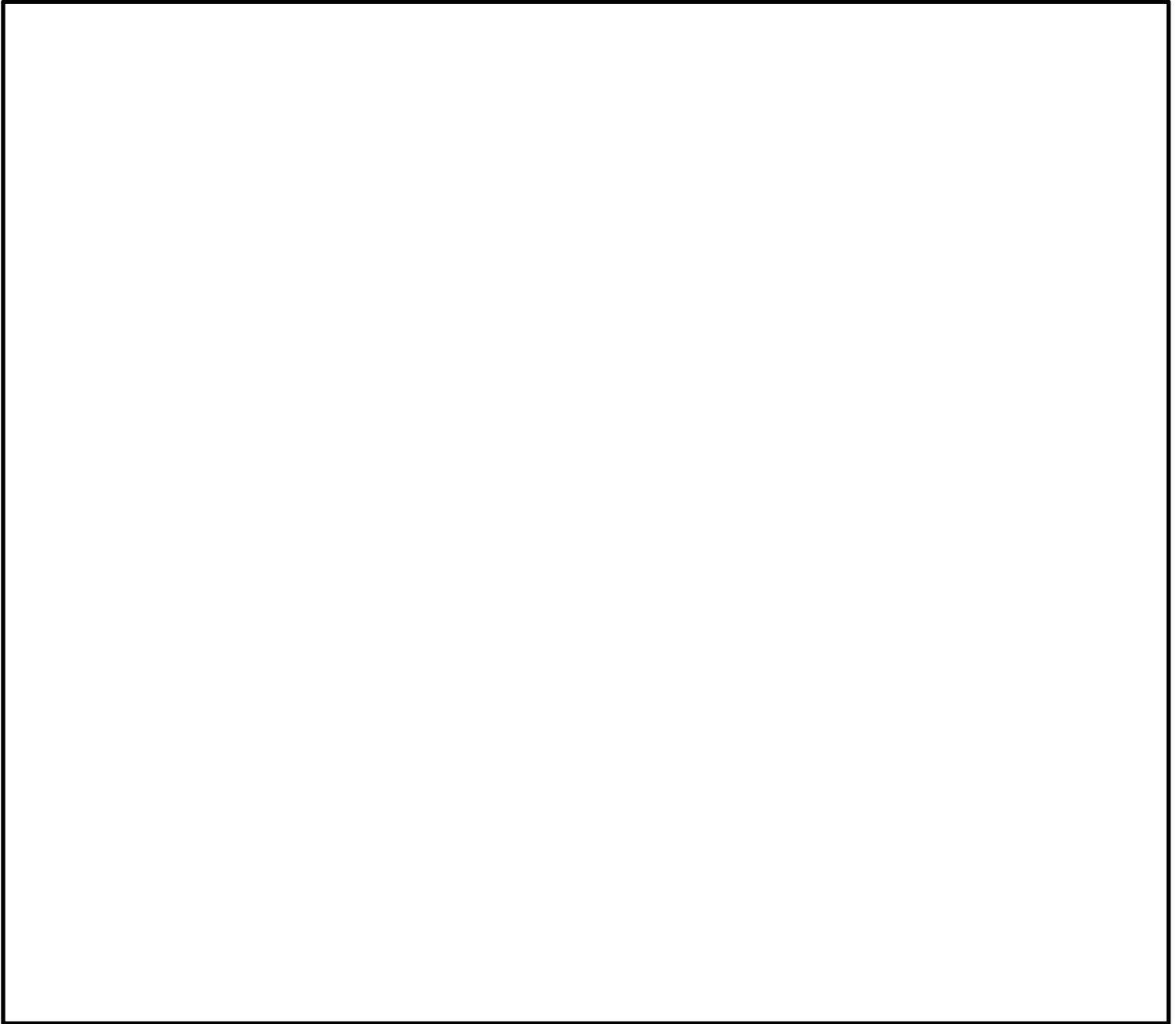
Permit Approval/Denial By _____	Date _____
<i>Not valid unless signed by local health department</i>	

Final Inspection By _____	Date _____
Casing Termination Approved	Yes <input type="checkbox"/> No <input type="checkbox"/>
Storage Tank Approved	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 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 _____
 WSSN _____ Well Number _____
 Contact Name _____ Phone _____

Please fill in the quantity for each of the following water connections.

- | | |
|--|--|
| _____ Toilet with tank | _____ Kitchen / breakroom sink – single faucet |
| _____ Toilet with flush valve | _____ Kitchen / breakroom sink – double faucet |
| _____ Urinal with tank | _____ Spray rinse, hand operated |
| _____ Urinal with flush valve | _____ Ice machine |
| _____ Hand sink (all) | _____ Ice cream dipper well |
| _____ Tub or tub/shower combination | _____ Glass filling faucet |
| _____ Shower only | _____ Hot beverage unit (directly connected) |
| _____ Drinking fountain | _____ Cold beverage unit (soda, juice) |
| _____ Service/Mop sink | _____ Garbage disposal - domestic |
| _____ Water softener | _____ Garbage disposal - commercial |
| | _____ Automatic dishwasher ** |
| _____ Auto / equipment washing, hand spray type | _____ Bulk chemical dispensing unit ** |
| | _____ Boiler unit/steam heating unit ** |
| _____ Dental equipment | |
| | _____ Groundwater heat pump ** |
| _____ 1/2" connection (washer, hose bibb, hydrant) | _____ Air conditioner (water cooled) ** |
| _____ 5/8" connection (washer, hose bibb, hydrant) | _____ Evaporative cooler ** |
| _____ 3/4" connection (washer, hose bibb, hydrant) | |
| | _____ Lawn sprinkler per sprinkler head ** |
| _____ Other water using fixtures (describe) | |
| _____ | _____ 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 Environmental Health Unit 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 3 digits on the signature panel.

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

Discover ____ AmEx ____

Environmental Health Unit Phone: (269) 373-5210 Fax: (269) 373-5333

Web: www.kalcounty.com/eh