



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 _____			

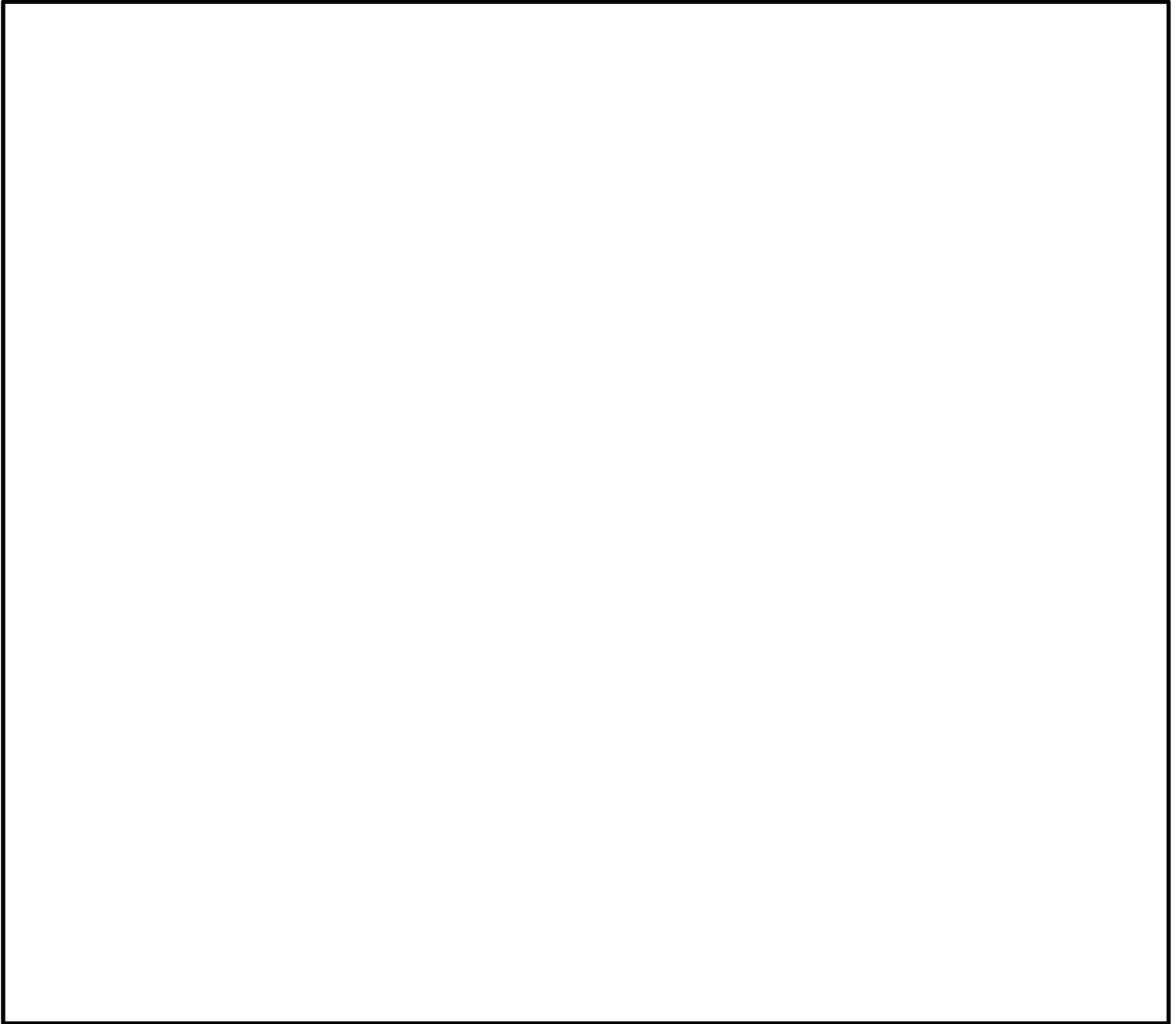
Permit Approval/Denial By _____	Date _____
<i>Not valid unless signed by local health department</i>	

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.