



## Environmental Health Division

220 Fort Street, Port Huron, MI 48060

Office: (810) 987-5306 Fax: (810) 985-5533

[environmentalhealth@stclaircounty.org](mailto:environmentalhealth@stclaircounty.org)

Website: [www.scchealth.co/EH](http://www.scchealth.co/EH)

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

1. Completely fill out the Michigan Department of Environment, Great Lakes, and Energy's "Application to Install or Alter a Public Water Supply System". A scaled drawing or engineered site plan must be submitted. The drawing should properly identify the Well meets isolation distances from items listed in Michigan Safe Drinking Water Act, 1976 PA 399 as amended (Act 399)
2. Fill out the "Fixture Count Worksheet" as completely as possible. If the manufacturer's information is not available, an estimate will be used.
3. Submit the application, fixture count, scale drawing, and \$400.00 permit fee to:

St. Clair County Health Department  
Environmental Health Division  
220 Fort Street  
Port Huron, MI 48060

Payment can be made with cash, check (payable to SCCHD) or credit card.

4. Contact the Type II Noncommunity Water Supply Coordinator, at (810) 987-5306 to make an appointment for a site evaluation prior to drilling the water well.

The Environmental Health Staff will conduct a site inspection to review the proposed well location prior to drilling. Water sampling requirements will be determined after the initial site inspection and application review. The full list of initial water sample requirements will be given within the permit issuance letter.

After the permit is issued, the well can be drilled. Please call for a final inspection when the well is completed. **Final approval of the well will not be granted until the local health department has: 1. Approved the well construction and pump installation, 2. Received satisfactory water sample results, and 3. 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.



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

PWSID/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.): \_\_\_\_\_

Licenses(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.**

Number of Residents: \_\_\_\_\_

### 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 applicant proposes installation of a pump less than the peak demand calculation from the permit, additional information will be required.

☐ 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).

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.



**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	License Type	
(Restaurant, Campground, School, etc.)		(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 <sup>ST</sup> Coliform Bacteria Test	Result Date	Nitrate Test	Result Date
2 <sup>ND</sup> 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.

*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 \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**(TBD)** WSSN \_\_\_\_\_ Well Number \_\_\_\_\_

**Please fill in the quantity for each of the following water connections. (Existing/Proposed)**

_____ <u>Toilet with tank</u>	_____ <u>Kitchen / breakroom/bar sink – single faucet</u>
_____ Toilet with flush valve	_____ Kitchen / breakroom/bar 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
_____ -Other proposed water treatment:	_____ Automatic dishwasher **
_____ Auto / equipment washing**	_____ Bulk chemical dispensing unit **
_____ Lab Sink	_____ Boiler unit/steam heating unit **
_____ Dental equipment	_____ Laundry washer**
_____ Pool/Spa	_____ Groundwater heat pump **
_____ <u>1/2"connection (washer, hose bibb, hydrant)</u>	_____ <u>Air conditioner (water cooled) **</u>
_____ <u>5/8"connection (washer, hose bibb, hydrant)</u>	_____ <u>Evaporative cooler **</u>
_____ <u>3/4"connection (washer, hose bibb, hydrant)</u>	_____ <u>Fire Suppression System</u>
_____ <u>Other water using fixtures (describe below):</u>	_____ <u>Lawn sprinkler per sprinkler head **</u>
_____	_____ Power Washer- Direct Connect
_____	_____ 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.