



## Environmental Health Division

220 Fort Street, Port Huron, MI 48060

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

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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 \$350.00 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 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.