



# ST. CLAIR COUNTY HEALTH DEPARTMENT



## Environmental Health Division

3415 28th 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 Noncommunity Water Supply Permit Application

1. Completely fill out the top section and the scale drawing areas (non-shaded) of the Michigan Department of Environment, Great Lakes, and Energy’s “Application and Permit to Install Water Supply Facilities”. A scaled drawing is to be completed in the provided space. A separate sheet of paper may be used for the scale drawing. The scale drawing should include the following:

- 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.
- 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.
- 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 the application, fixture count, and \$350.00 permit fee to:

St. Clair County Health Department  
3415 28th 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, Katie Frenndt, at (810) 987-5306 to make an appointment for a site evaluation and information on well construction requirements 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 during the site inspection and application review and the full list of water sample requirements will be given with 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 may be granted when the local health department has: 1. Approved the well construction and pump installation, 2. Received satisfactory water sample results (2 samples taken 24hrs apart), 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.

Katie Frenndt,  
Environmental Sanitarian



### 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 _____			

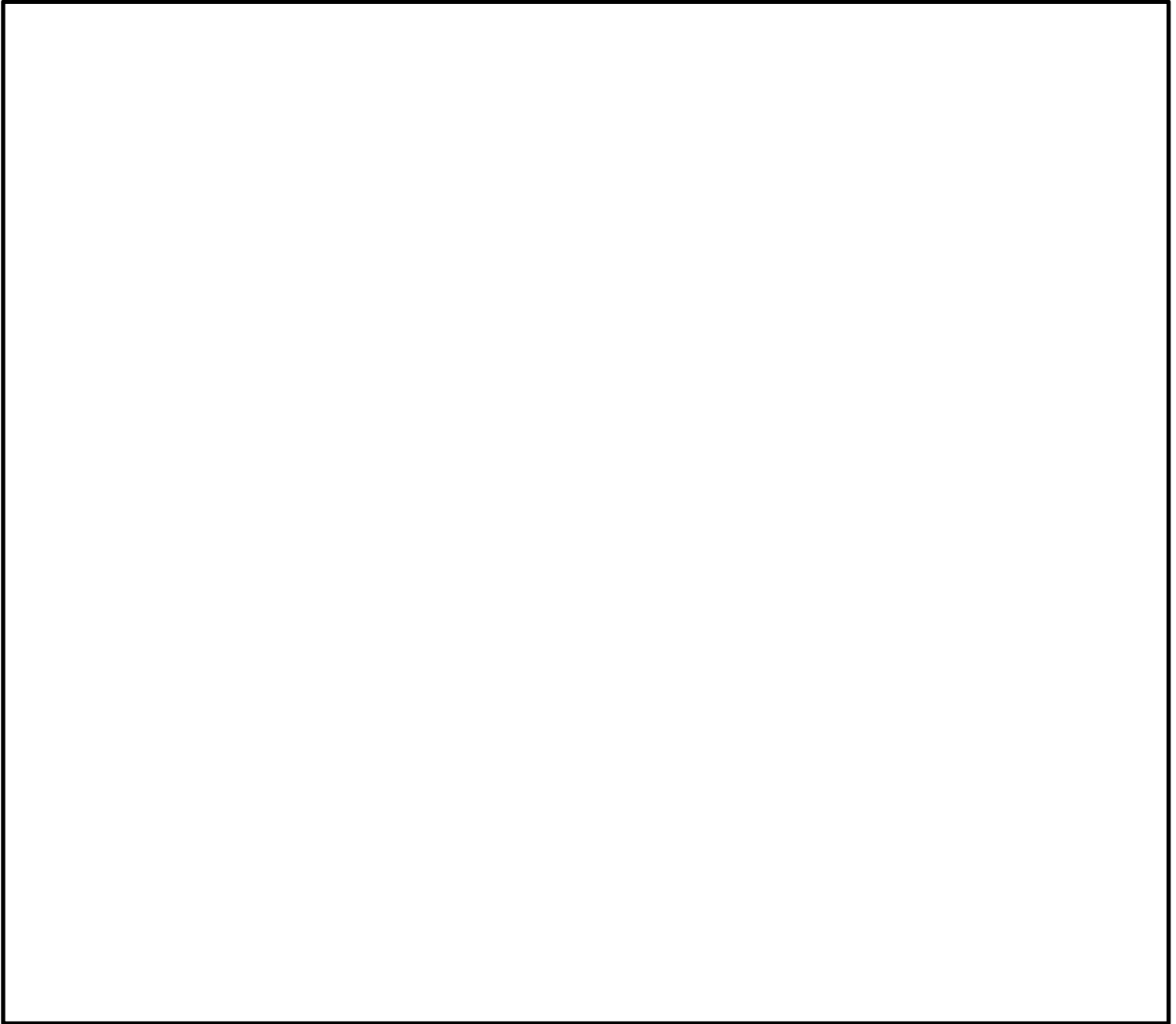
<b>Permit Approval/Denial By</b> _____	<b>Date</b> _____
<i>Not valid unless signed by local health department</i>	

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 _____
<b>Water Supply Approved By</b> _____		<b>Date</b> _____			
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 \_\_\_\_\_

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.