



## 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 Environmental Quality's "Application and Permit to Install Water Supply Facilities". A scaled drawing is to be completed on the back of the application 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. Contact the Type II Noncommunity Water Supply Coordinator, Stacy Wilson, REHS, at 616-393-5636 to make an appointment for a site evaluation and information on well construction requirements prior to drilling the water well.

4. Submit the application, fixture count and \$600 permit fee to:

Ottawa County Department of Public Health  
Environmental Health Division  
12251 James St., Suite 200  
Holland, MI 49424

Payment can be made with cash, check, or credit card.

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.

Please call for a final inspection and collection of water samples 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, 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. An extension can be applied for through your LHD.



Department of Environmental Quality  
Office of Drinking Water and Municipal Assistance  
**Application and Permit to Install Water Supply System**  
Completion is required under the authority of Part 13, 1976 PA 399

**Shaded areas for Local Health Department or DEQ 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	MICHIGAN
County _____		Township	Section _____
Owner/Manager Name _____			
Address _____		Contact Phone _____	
Average No. of Persons Served Per Day _____		No. of Service Connections _____	
Premise Type _____		License Type _____	
<small>(Restaurant, Campground, School, etc.)</small>		<small>Food, Campground, DHS, etc.)</small>	
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

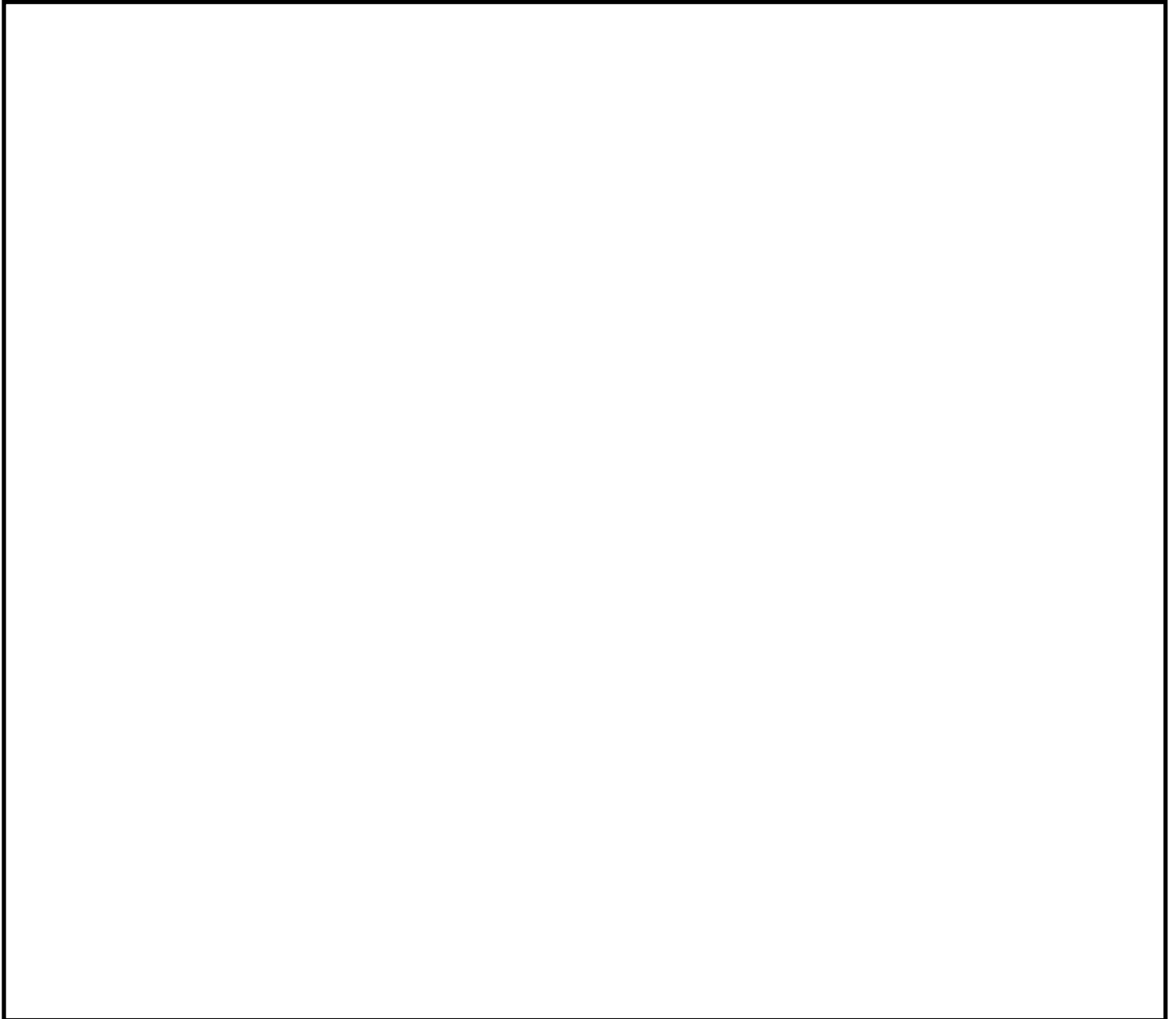
Well Site Evaluation By _____		Date _____	
Classification	Type IIA <input type="checkbox"/>	Type IIB <input type="checkbox"/>	Required Minimum Pump Capacity _____ GPM
Standard Isolation Area _____ Ft.		Major Isolation Area _____ Ft.	
Permit Conditions/Deviations _____			
<b>Permit Approval/Denial</b>		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
Well Location Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sample Tap Approved
Well Construction Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pressure Relief Valve
Well Record Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pump Capacity Adequate
1 <sup>ST</sup> Coliform Bacteria Test		Result _____	Date _____
2 <sup>ND</sup> Coliform Bacteria Test		Result _____	Date _____
Nitrate 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 \_\_\_\_\_  
 Well Permit # \_\_\_\_\_ WSSN \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please fill in the quantity for each of the following fixtures.**

Water closet, with tank	_____	Ice machine	_____
Water closet, with flush valve	_____	Ice cream machine	_____
Urinal, with tank	_____	Ice cream dipper well	_____
Urinal, with flush valve	_____	Glass filling unit	_____
Lavatory	_____	Hot chocolate unit	_____
Bathtub, or tub/shower Combination	_____	Coffee unit/urn	_____
Shower	_____	Groundwater heat pump **	_____
Drinking fountain	_____	Air conditioner (water cooled) **	_____
Laundry tray	_____	Evaporative cooler **	_____
Service/Mop sink	_____	Bulk chemical dispensing unit **	_____
Lawn sprinkler per sprinkler head **	_____	Boiler unit/steam heating unit **	_____
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	_____
Garbage disposal - domestic/household	_____	1/2" connection	_____
Garbage disposal - commercial	_____	5/8" connection	_____
Kitchen sink – small	_____	3/4" connection	_____
Kitchen sink – large/double	_____	Other (describe)	_____
Automatic dishwasher **	_____		_____
Spray rinse, hand operated	_____		_____

\*\*Please include manufacturer specifications for water demand (gpm) required per fixture.  
Fixture count sheet to be completed and submitted with the permit application.