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Commercial/Public Water Supply Systems

A well which supplies water for public or commercial use shall obtain a permit for the construction, alteration or conversion (existing private to public use).

All Commercial/Public Water Supply Systems shall be constructed in accordance with Part 127 of Act 368 of 1978 (Statute) and Safe Drinking Water Act 399 of 1976 by a licensed well driller.

Type III Permit - Commercial, serving less than 25 persons/day (i.e. Office, Irrigation, Cabin, MDARD facility, etc.)	\$360
Type II Permit - Commercial, serving more than 25 persons/day (i.e. Food Service, Campground, Motel, Large Employer, etc.)	\$485
Sanitary Survey – Site Evaluation of Well/Pressure Tank/Facility	\$185

The following steps shall be followed to obtain a permit:

1. Complete and submit “Application to Install or Alter a Public Water Supply System”
 - i. Establishment/Owner/Operator Details
 - ii. Project Description including Water Treatment
 - iii. Drawing
 - iv. Plumbing Fixture Inventory
2. Site Evaluation conducted by the Health Department to approve proposed well location after receiving application documents.
3. Pre-construction meeting if special well construction needs and responsibility are needed for completing permit requirements.

Requirements following the permit:

1. Installation of system must meet the requirements of the Safe Drinking Water Act 399 and the construction permit.
2. Water samples must be submitted in accordance with the Safe Drinking Water Act 399 and construction permit.
3. Well log and pump record submitted by a licensed well driller and/or licensed pump installer.
4. **Final Inspection is required for public water systems.** Inspection by the Health Department will include well construction, pump installation, and distribution system.

System Approval: Final approval may be granted after the Health Department has approved the well construction, pump and distribution system installation, received and reviewed well log and pump record, and received analysis of water results indicating water does not exceed maximum contaminant levels.

THE WELL SHALL NOT BE PLACED INTO SERVICE UNTIL FINAL APPROVAL BY THE HEALTH DEPARTMENT.

If you have any questions regarding these procedures, please contact your local health department office or Megan Webber, Type II Coordinator, at mwebber@lmasdhd.org

Consider the below isolation distances when determining a potential location for your well. This is not a full list of isolation distances, but indicate the most common.

Isolation Distances in accordance with Part 127, Act 368

CONTAMINATION SOURCE	Required MINIMUM Isolation Distance (Feet)		
	Part 127, Act 368	Act 399, PA 1976	
	PA 1978	IIb and III	I and IIa
Chemical Storage	150	800	2000
Contaminant plumes, known (Part 201, LUST sites, etc.)	**300	**800	**2000
Drainfield	50	75	200
Fuel/chemical storage tanks – Underground or abovegrade and associated piping depot/tank farm	300	800	2000
Grease trap	50	*75	*200
Landfill or dump sites (Active or Inactive)	800	800	2000
Privy/outhouse	50	75	200
Septic tank	50	75	200
Septage waste (land application area)	800	800	2000
Sewage pump chamber, transfer station, or lift station	50	75	200



**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: _____

WSSN: _____ (If available)

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.): _____

License(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.

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 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://Michigan.gov/EGLE/0,9429,7-135-3313_3684_45331_45335-477090--,00.html) (Michigan.gov/EGLE/0,9429,7-135-3313_3684_45331_45335-477090--,00.html).

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 ¹
_____ Drinking fountain	_____ Air conditioner (water cooled) ¹
_____ Laundry tub	_____ Evaporative cooler ¹
_____ Service or Mop sink	_____ Bulk chemical dispensing unit ¹
_____ Lawn sprinkler per sprinkler head ¹	_____ Boiler unit/steam heating unit ¹
_____ 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 ²
_____ 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 ¹	_____
_____ Spray rinse, hand operated	_____

¹Please include manufacturer specifications for water demand (gpm) required per fixture, if available.

²Yard 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 or call 800-662-9278.

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This form and its contents are subject to the Freedom of Information Act and may be released to the public.