



LMAS DISTRICT HEALTH DEPARTMENT

Environmental Health ■ Personal & Family Health ■ Emergency Preparedness

www.lmasdhd.org

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& Administrative Office**
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Schoolcraft County
300 Walnut Street, Room 155
Manistique, MI 49854
Ph: (906) 341-6951
Fax: (906) 341-5230

RE: Construction/Alteration/Conversion to - Type II public water supply
Project:

Dear _____:

The supplier of public water shall obtain a permit for the construction, alteration or conversion (existing well to public well) of all source facilities (that portion of the water system between and including the well and pressure tank). In addition, before alteration of any public water system or portion thereof that affects isolation, capacity, flow or treatment; plans and specifications shall be submitted to the department by a supplier of water or his designated agent for review and approval.

To obtain the permit, do the following:

- 1) Review enclosed "Summary of Procedures to Follow Constructing/Altering/Converting and Operation of a Type II Public Well".
- 2) Complete/submit:
 - a) "Application and Permit to Install Water Supply Facilities" form (enclosed)
 - b) Water system plan - see enclosure "Type II Public Water System Plan Requirements" for specific details
 - c) "Plumbing Fixture Inventory" form (enclosed)
 - d) "Drinking Water Contingency Plan" (enclosed)
 - e) Application fee - \$485.00

Sincerely,

Sanitarian

cc: Elizabeth Suggitt, Non-community Public Water Program Coordinator

SUMMARY OF PROCEDURES TO FOLLOW IN CONSTRUCTING AND OPERATING A TYPE II PUBLIC WELL

APPLICATION: Submit completed application/dimensioned site plan (form enclosed), plumbing fixture inventory (form enclosed), drinking water contingency plan and application fee.

SITE EVALUATION: The Health Department will make a well site evaluation to approve the proposed well location after receiving application materials.

PRE-CONSTRUCTION MEETING: The applicant, licensed well driller and Health Department will meet to discuss the well drilling plan, special well construction needs and responsibility for completing other permit requirements.

WELL CONSTRUCTION PERMIT: If the proposed construction details and the well site information are satisfactory, the Health Department will issue a well construction permit. This permit is to construct the well only. The well shall not be put into service until final approval has been granted by the Health Department.

SYSTEM INSTALLATION: System is then installed according to the requirements of the Safe Drinking Water Act (294 PA 1976, as amended) and the construction permit. After the system is installed, the system shall be disinfected and then flushed to waste after the appropriate contact time. All disinfectant must be removed from the system before water samples can be collected.

SYSTEM INSPECTION: An on-site inspection of the well construction, pump installation and distribution system must be conducted by the Health Department. Initial required water samples are collected (one for coliform bacteria and one for partial chemical analysis). A second coliform bacteria sample is collected after 24 hours.

WATER WELL AND PUMP RECORD: This form must be completed and submitted by the well driller. If the well driller does not install the well pump, a licensed pump installer or licensed plumber must also submit this form.

SYSTEM APPROVAL: Final approval for use of the well may be granted when the Health Department has approved the well construction, pump and distribution system installations; received analyses results indicating the water does not exceed maximum contaminant levels; and received a satisfactory Water Well and Pump Record.

PLEASE NOTE: THE WELL PERMIT (WHEN ISSUED) ALLOWS CONSTRUCTION OF THE WELL AND INSTALLATION OF PUMPING EQUIPMENT ONLY. THE WELL MUST NOT BE PLACED INTO SERVICE UNTIL FINAL APPROVAL HAS BEEN GIVEN BY THE HEALTH DEPARTMENT.



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	Section	
County		
Owner/Manager Name		
Address		
Average No. of Per		
Premise Type		
COMPLETE THIS SECTION (APPLICATION FORM ATTACHED)		
(Restaurant, Campground, School, etc.)		Food, Campground, DHS, 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
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 ST Coliform Bacteria Test	Result _____ Date _____	Nitrate Test
2 ND 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.

**SMALL PROJECTS CAN USE
THIS SECTION, OTHERWISE
SUBMIT SEPARATE
ENGINEERING PLANS**

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.



Department of Environmental Quality
Office of Drinking Water and Municipal Assistance
Application and Permit to Install Water Supply System
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Permit to: Construct a Public Well Under 1976 PA 399 Alter a Public Well Under 1976 PA 399
Well Permit Number _____ WSSN _____ Source ID _____

Establishment Name _____ Address _____
City _____ State MICHIGAN 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, DHS, etc.)
Seasonal Operation No Yes From _____ To _____
Applicant Name _____ Address _____
City _____ State _____ Zip _____
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.
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 Type IIB Required Minimum Pump Capacity _____ GPM
Standard Isolation Area _____ Ft. Major Isolation Area _____ Ft.
Permit Conditions/Deviations _____

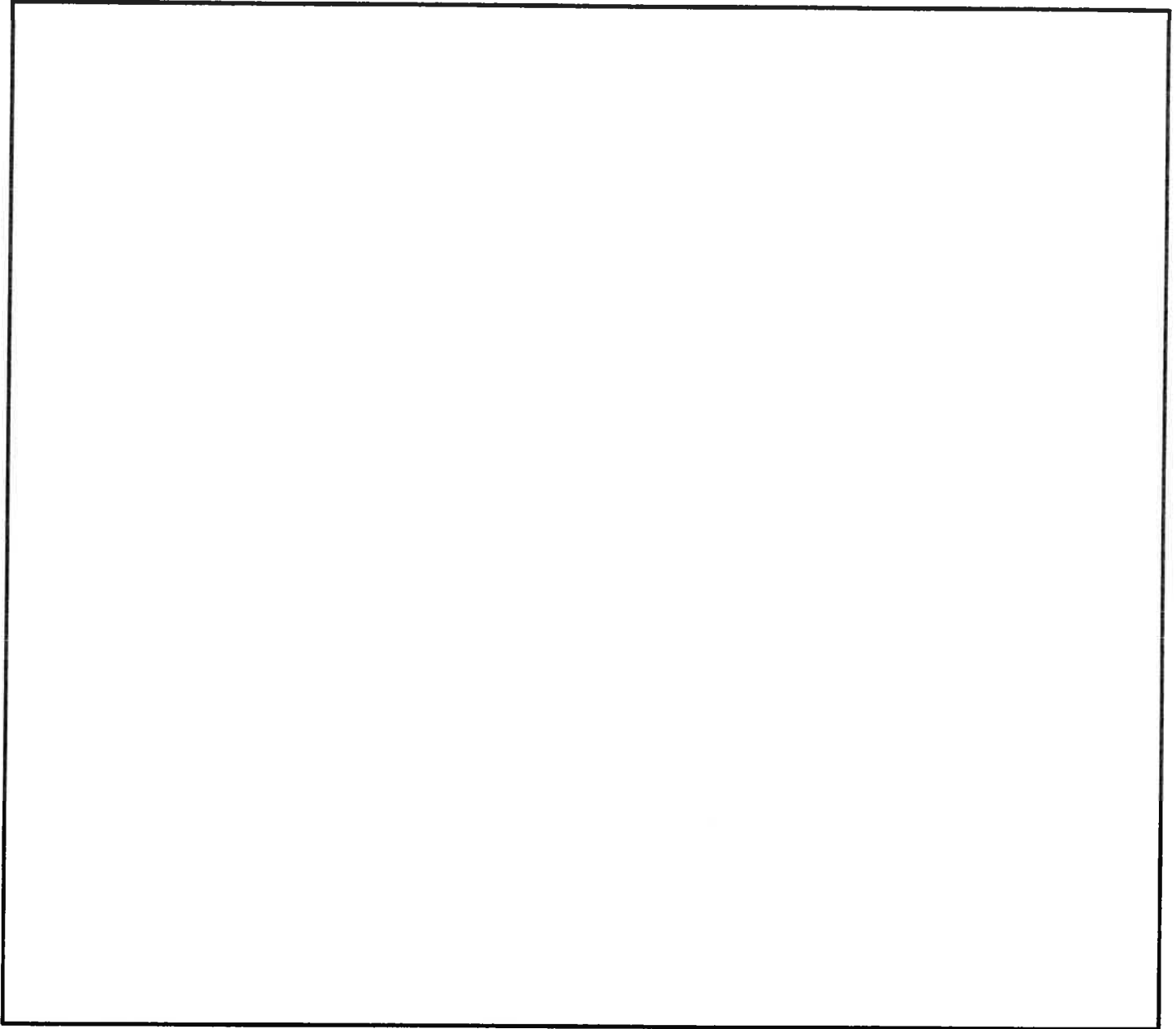
Permit Approval/Denial By _____ Date _____
Not valid unless signed by local health department

Final Inspection By _____ Date _____
Casing Termination Approved Yes No Storage Tank Approved Yes No
Well Location Approved Yes No Sample Tap Approved Yes No
Well Construction Approved Yes No Pressure Relief Valve Yes No
Well Record Approved Yes No Pump Capacity Adequate Yes No
1ST Coliform Bacteria Test Result _____ Date _____ Nitrate Test Result _____ Date _____
2ND 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.

A large, empty rectangular box with a black border, intended for the user to draw a scale drawing of the well location and its surroundings.

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.

TYPE II WATER SYSTEM PLAN REQUIREMENTS

Required plan and specifications for a water system shall contain, at a minimum, all of the following information, where pertinent:

1. A scaled site plan including dimensions showing well location in respect to all possible sources of contamination, including adjacent properties, sewer lines, septic systems and major sources of contamination within 800' of the well. Include property boundaries.
2. The general layout of the entire waterworks system, including treatment systems and distribution systems, the location of valves, hydrants, storage tanks, water-mains, and their size, pumps, wells, and pumping facilities.
3. An identification of the entire area served or proposed to be served by the water supply including number of service connections.
4. Rated capacity of the water system, including capacity of the developed water source, treatment system, storage tanks and pumping facilities.

REQUIRED WATER SAMPLING REQUIREMENTS FOR TRANSIENT SUPPLIES

All transient water supplies are required to collect the following water samples on a schedule determined by the Type II Public Water Supply Coordinator. Call Elizabeth Suggitt at (906) 643-1100, x 205 for more information.

Quarterly Bacteriologic Water Sample - Unit 30

Annual Partial Chemical Water Sample - Unit 32

Other samples depending on individual circumstances.

PLUMBING FIXTURE INVENTORY

Facility Name: _____

INSTRUCTIONS: List the number of fixtures for each fixture type on the premises.		
AREA	FIXTURE TYPE	LIST NUMBER OF FIXTURES
RESTROOMS	BATHTUB OR TUB/SHOWER	
	DRINKING FOUNTAIN	
	LAVATORY	
	SHOWER	
	TOILET - WITH WATER CLOSET	
	- WITH FLUSH VALVE	
	URINAL - WITH WATER CLOSET	
	- WITH FLUSH VALVE	
KITCHEN	AUTOMATIC DISHWASHER	
	COFFEE URN	
	GARBAGE DISPOSAL - DOMESTIC	
	- COMMERCIAL	
	GLASS FILLING UNIT	
	HOT CHOCOLATE DISPENSING UNIT	
	ICE CREAM DIPPERWELL	
	ICE MACHINE	
	KITCHEN SINK - SMALL	
	- LARGE	
	SOFT SERVE ICE CREAM	
SPRAY RINSE - HAND OPERATED		
UTILITY SINK		
LAUNDRY	WASHING MACHINE - 1/2" CONNECTION	
	- 5/8" CONNECTION	
	- 3/4" CONNECTION	
	UTILITY SINK	
MISC	AIR CONDITIONER	
	AUTO/EQUIPMENT WASHING - HAND SPRAY TYPE	
	EVAPORATIVE COOLER	
	GROUND WATER HEAT PUMP	
	HOSE BIBB/YARD HYDRANT - 1/2" CONNECTION	
	- 5/8" CONNECTION	
	- 3/4" CONNECTION	
	LAWN SPRINKLER - PER SPRINKLER HEAD	
	WATER SOFTENER REGENERATION	
	OTHER - (LIST TYPE)	
OTHER - (LIST TYPE)		
OTHER - (LIST TYPE)		

Contingency Plan

A contingency plan for an appropriate response to temporary loss of normal water service is required as part of the managerial capacity assessment. The attached contingency plan form is to be completed and submitted with the rest of this application

DRINKING WATER CONTINGENCY PLAN Noncommunity Public Water Supplies

Water Supply Name: _____

Water Supply Serial Number: (WSSN) _____

*In the event of an emergency pertaining to the drinking water supply, it is necessary to act promptly and effectively to protect public health and welfare. In the context of this plan, emergencies could include complete loss of water pressure, contamination of water supply and threat or observed vandalism to water system. Complete loss of water normally would require closure of the facility. Threats or contamination with unknown substances may also warrant such action. However, under certain situations where water is flowing but has been determined unsafe to drink by health authorities, it may be possible to operate the facility with the approval of the appropriate local or state agencies. If approved, operation for an interim period is dependent on providing an approved source of water for consumption and notification to the users to not consume the piped water in the facility. This fact sheet is intended to outline procedures and contacts to address such emergencies. If an emergency occurs, immediately contact your local health department for further instructions.

1. Facility Personnel: List persons responsible for the facility (owner or designee) and person(s) in routine charge of water system operations.

<u>Name</u>	<u>Title</u>	<u>Phone Number/Cell</u>

2. Other Contacts: List local and state contacts for notification of emergencies involving drinking water.

Local Health Department contact: Linda Smith 906-341-6951 ext. 133 or 110
Michigan Dept. of Environmental Quality 906-346-8538

3. Certified Laboratory: List local laboratory(s) and telephone number used by your facility for analysis of total coliform bacteria

White Water Associates Laboratory: 906-822-7889
Lansing Laboratory: 517-335-8184
Local Laboratory: _____

4. Contractors: List qualified contractors who may be used during emergencies.

Water Well Drilling Contractor: _____
Plumbing Contractor: _____
Other: _____

5. Alternate Water Source: List options for providing safe source of drinking water on a temporary basis: Purchase bottled water at: _____ quantity: _____

Method of dispensing water to individuals in sanitary matter: _____

Other Alternative approved source: _____

6. **Other consumptive water** uses or equipment that may be directly connected to the potable water supply. Indicate if any of the listed water uses are in the facility and thus need to be addressed.

Drinking Fountain to shut off:	yes	no
Ice machine (discard contents)	yes	no
Post mix soft drinks to disconnect	yes	no
Coffee machine, tea, juices, soups, etc.	yes	no
Other: _____		

Note: If the water supply loses pressure or cannot be used due to unsafe conditions, any equipment used for food service or consumption which is connected to the water supply will need to be disinfected per the manufacturers specifications.

7. **Public Notification:** Consumers are to be advised of a problem with the water and availability of an alternate source of water for consumption.

-Post public notice at sinks and any other potential drinking water outlets that cannot be shut off. List of locations to be posted: _____

-Retain a copy of the signed and dated public notice. List any other means to notify public (schools/child care centers/ children's camps are required to provide notice to parents).

-Consult your local health department for the required public notification language and format.

YOU MUST HAVE APPROVAL FROM YOUR LOCAL HEALTH DEPARTMENT PRIOR TO RESUMING USE OF YOUR WATER SUPPLY FOR CONSUMPTION.