



**SECONDARY TREATMENT
NONTRANSIENT NONCOMMUNITY WATER SUPPLY
CAPACITY DEVELOPMENT PLAN**

As per the Michigan Safe Drinking Water Act 399, and under Rule 325.1004, Sec. 4. (2) (4), 325.1008, Sec. 8 and 325.1015, Sec 15. (2), this form must accompany construction plans submitted for all new secondary treatment nontransient noncommunity public water supplies (STNTNC), and existing transient supplies applying to become a nontransient water supply.

TECHNICAL PLAN

New STNTNC shall complete an "Application for Secondary Treatment - Public Water Supply Designation" from the Michigan Department of Environment, Great Lakes, and Energy (EGLE). The completed application must include plans and specifications for the new waterworks system and treatment system.

An existing facility that will become a STNTNC shall provide plans and specifications of the waterworks system.

MANAGERIAL PLAN

For all STNTNC, the owner is required to identify a certified operator responsible for the water supply. Identify the person who is or will be the certified operator for the STNTNC, including their signature and date.

Operator Name _____

Street Address _____

City, State, Zip Code _____

Telephone _____

Email _____

Operator Certification Level _____

Water Supply Serial Number (WSSN) _____

Operator Signature _____ Date _____

Retention of records:

- Bacteria sample results 5 years
- Chemical sample results 10 years
- Public notifications..... 3 years
- Documentation of corrective actions..... 10 years
- Lead and Copper Records 12 years

EMERGENCY RESPONSE PLAN

An emergency response plan for an appropriate response to a temporary loss of normal water service or treatment system operation is required as part of the managerial capacity assessment. The attached emergency response plan worksheet must be completed and submitted with this application.

FINANCIAL PLAN

A Financial Plan Worksheet is included in this document to help identify relevant costs and sources of information.

Provide cost analysis/estimates for the following (from the worksheet):

Annual EGLE water supply fee

Annual operator certification and training

Annual operation and maintenance for utilities, treatment, etc.

Annual sample collection and laboratory analysis

Emergency repairs and contingency plan funds

By signing this document, I certify that I have assessed the actual and potential costs and responsibilities of operating a noncommunity water supply and have the ability to acquire and manage sufficient resources to maintain the technical, managerial and financial capacity of the water system as it relates to the requirements of the Safe Drinking Water Act. I am the supply owner, manager, chief financial officer, or chief executive officer.

Signature _____ Name _____
(print)

Title _____ Date _____

For EGLE use	Reviewer	Date of Review
Technical Capacity Plan		
Emergency Response Plan		
Managerial Capacity Plan		
Financial Capacity Plan		

**Worksheet 1
EMERGENCY RESPONSE PLAN FOR DRINKING WATER EMERGENCIES
NONCOMMUNITY PUBLIC WATER SUPPLIES
SECONDARY TREATMENT**

Water Supply Name _____

Water Supply Serial Number (WSSN) _____ Source ID _____

Emergency Response Plan Purpose: In the event of a water supply emergency, 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 threats or observed vandalism to water supply. 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 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 worksheet is intended to outline procedures and contacts to address such emergencies. If an emergency occurs, immediately contact your local primary water source and EGLE for further instructions.

FACILITY PERSONNEL – List person(s) responsible for the facility (owner or designee) and person(s) in routine charge of the water system operation and treatment (certified operator) title and telephone number (include land line and mobile phones).

Name	Title	Phone	Email
	Owner		
	Operator		

CONTACTS – List contacts for emergencies involving drinking water.

Department of Environment, Great Lakes, and Energy	Name	Phone & Email
Engineer		
Analyst		
Certified Laboratories	Address	Phone & Email
(Lab for emergency use*)		
Local Health Department	Name	Phone & Email
Water Utility Contact	Name	Phone & Email

*Lab that would be open on the weekend or in another region that may not be affected by the emergency event.

CONTACTS (Continued) – List contacts for emergencies involving drinking water.

Contractors	Name	Phone & Email
Source Water Supply		
Plumber		
Treatment System		

Alternate Water Source	Name	Phone
Purchased water (bottled)		
(Other alternate approved source)		

Method of dispensing water to individuals in sanitary manner:

REMINDERS – List 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.

Type of Water Using Fixture	Yes / No	Location
Drinking fountains to shut off		
Ice machines (discard contents)		
Post mix soft drinks to disconnect		
Coffee, tea, juice, soup, vending		
Other		

Note: If the water supply loses pressure or the water quality is unsafe, equipment used for consumption will need to be disinfected per the manufacturer’s recommendations. Refer to your Water Management Plan for fixtures or equipment other than those used for consumption such as showers. Food service facilities must follow the Emergency Action Plans for Retail Food Establishments guide, or equivalent procedures.

Worksheet 2
FINANCIAL PLAN WORKSHEET
COST ESTIMATES FOR NEW NONTRANSIENT NONCOMMUNITY WATER SUPPLIES
SECONDARY TREATMENT

This worksheet is to provide general information and ranges of cost for completing the Financial Plan portion of a Capacity Development Plan Application. The intent is for the water supply owner to identify costs of operating a public water system including contingencies and plan accordingly. All costs may not be applicable to your water supply.

CONSTRUCTION COSTS ESTIMATES

Instrumentation or Testing Equipment	_____
Storage Tank(s)	_____
Treatment Equipment	_____
Permit Fees	_____
Total	_____

Information Sources: Suppliers, water treatment firms, consulting firms.

OPERATOR CERTIFICATION AND TRAINING

Certification Costs	_____ per year
Examination/Renewal	_____ per year
Wages (3 hours per week to full time depending on the system)	_____ per year
Outsource Operator	_____ per year
Training Costs (minimum of 3 hours continuing education per year)	_____ per year
Total	_____ per year

Information Sources: Employee salary structures, travel costs, certified operators for hire, consulting firms.

ANNUAL WATER SUPPLY OPERATION AND MAINTENANCE

Electricity	_____
Treatment Chemicals/Treatment Equipment/Service	_____
Backflow Prevention Device Testing	_____
EGLE Annual Water Supply Fee	_____
Other	_____
Total	_____

Information Sources: Utilities, chemical/equipment suppliers, plumbing contractors, consulting firms.

WATER SAMPLE COLLECTION AND ANALYSIS

Annualized costs for analysis based on **routine** sampling for all parameters with waivers and EGLE laboratory fees (subject to change).

Analyte	Estimated Cost Annually
Total Coliform	_____
Lead Copper	_____
Disinfection Byproducts	_____
Nitrate	_____
Ammonia	_____
Water Quality Parameters	_____
Others:	_____

Total	_____

Information Sources: Certified drinking water laboratories, consulting firms, EGLE monitoring requirements.

EMERGENCY REPAIRS/CONTINGENCY FUND

Disinfection/Flushing	_____
Bottled Water (cost for 2 weeks supply)	_____
Pump Replacement	_____
Emerging Contaminants Testing	_____
Other	_____
Total	_____

Information Sources: Treatment contractors, bottled water suppliers.

This represents the best cost estimates the supply has and the supply certifies it has the financial capacity to operate and maintain the public water system referenced here.

Applicant Signature _____ Name _____ (print)

Title _____ Date _____

These forms may be submitted to the Department at: EGLE-ST@Michigan.gov.