



MONROE COUNTY HEALTH DEPARTMENT

Environmental Health Division

2353 South Custer Road

Monroe Michigan 48161

734-240-7900

**Plan Submittal Packet For
Hauled Water System**

2011



Hauled Water System Plan Submittal Instructions

Please submit your plan review package to the Monroe County Health Department. All of the following items must be completed and compiled into a single package or the plan review may get delayed as additional material is requested. For further information, see the plan submittal packet for Hauled Water Systems.

- 1. Application**
- 2. The necessary plan review fee**
- 3. Completed Hauled Water System Plan Review Worksheet**
 - Worksheet and guidance manual copies are available from the Monroe County Health Department.
- 4. Two Complete sets of plans**
 - Provide scaled plans (1/4" per foot is a normal, easy to read scale).
 - Show the proposed layout, with all components of the hauled water storage system identified. (See examples in plan submittal packet).



Hauled Water System Plan Review Process

1. New residential single or two family dwelling requesting the use of an approved alternate water source.
2. Request for Deviation Form completed. Obtain plan review application package.
3. Submit plans and completed worksheet, review conducted by LHD.
4. Provide additional information, if requested.
5. Plan Approval.
6. Property owner files affidavit with Register of Deeds Office.
7. Hauled water system permit issued by the Monroe County Health Department.
8. Construction Begins.
9. Approved plans kept on-site during construction. Revisions to approved plans must be submitted in writing and approved by the Monroe County Health Department
10. Monroe County Health Department construction inspection
11. Copy of a contract with a licensed water hauler is submitted to the Monroe County Health Department.
12. Alternate Water Supply Approved



Hauled Water System Plan Review Worksheet

Name: _____

Mailing Address: _____

Proposed Address: _____

Phone Number: _____ Township: _____

Site Assessment Number: _____

Bulk Storage tank Materials:

Choose what type of tank will be installed:

- *Plastic.....Size in Gallons _____
**(Must meet FDA Regulations 21 CFR 177.1520 or ANSINSF Standard 61)*
- Stainless Steel.....Size in Gallons _____
- Galvanized Steel.....Size in Gallons _____
- Fiber glass.....Size in Gallons _____

Sizing

It is recommended that the daily water usage be based upon the 150 gallons per day for the first bedroom and 100 gallons per day for each additional bedroom. With a minimum of 50% extra storage capacity. Tank should be sized based on availability of delivery. Recommended minimum of 3-day storage capacity.

Location:

Location: _____

- Shall be in an area not subject to freezing conditions.
- Located in a clean dry environment.
- Shall be accessible for general maintenance and repair.
- Properly isolated from contamination sources.
- Accessible for inspection.
- Shall be above grade in an approved building or basement.

Pump:

Type _____

Manufacturer _____

Pump Capacity _____

Piping:

Indicate what type of piping will be used between Tank & Pressure Tank.

- PVC
- PE
- Other (Must be approved per Michigan Plumbing Code portable water PW)_____

Pressure Tank:

Type:_____

Manufacturer:_____

Sampling Tap Required

Appurtenances:

The following items shall be included in the design:

- ✓ Vented
- ✓ Screened
- ✓ Downturned
- ✓ Terminated at outside of Building

Manhole:

- ✓ Manhole Cover
- ✓ Bottom drain
- ✓ Fill Pipe
 - 3-4 inches in diameter
 - Fill pipe covered
 - Self Closing
 - Weatherproof/Sanitary

Name of Licensed Water Hauler:

Water Source

What Municipal Source is your water hauler receiving water from?

NOTE: There shall be NO cross connections between the municipal supply, water well or hauled water system.

Applicant Signature:_____ **Date:**_____

Reviewing Sanitarian:_____ **Date:**_____