



KENT COUNTY HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH
 700 Fuller Avenue N.E.
 Grand Rapids, Michigan 49503-1918
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 Website: www.accesskent.com

LEVEL 2 ASSESSMENT APPLICATION

FOR TYPE II PUBLIC WATER SUPPLY

Fee for Service - Transient \$250 Nontransient \$300

Facility Name: _____		WSSN: _____ <small>(Water Supply Serial Number)</small>	
Facility Address: _____			
City: _____, MI		Zip: _____	Municipality: _____
Authorized Agent Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Cell: _____		Email: _____	
How would you like to receive the report?			
<input type="checkbox"/> Email report to email address provided above			
<input type="checkbox"/> Mail to: _____		City: _____	State: _____ Zip: _____

A Level 2 Assessment is an inspection completed by the Health Department that is used to evaluate the water supply's construction, treatment, operation, and distribution system to determine if there are any issues that may allow contaminants into the water supply. Please select the purpose for the Level 2 Assessment application that applies to your water supply:

- This water supply has had violations or water quality problems with Coliform (bacteria) and received notification from the Kent County Health Department that a Level 2 Assessment is required.
- This water supply has not had violations or water quality problems with Coliform within the last 12 months of operation, or for the last 2 years if currently testing only one time each year for Coliform. This water supply is applying to stay on the current annual Coliform testing frequency or to reduce the current Coliform testing frequency, which require a yearly Level 2 Assessment with annual site visit be completed by the Health Department. The Kent County Health Department will also review the water supply's history to determine if the supply continues to qualify for reduced Coliform testing frequency at the time of the Level 2 Assessment.

By signing below, I hereby certify that the information provided is complete and accurate. I understand that application for this service does not guarantee approval, and that the Kent County Health Department will determine the water supply's eligibility for reductions in Coliform monitoring frequencies. I further acknowledge that I am the property owner or acting as an authorized agent on behalf of the property owner. Payment of the \$250 fee is required at the time of application. Failure to show up for an appointment may result in a \$75 charge. Application fees are non-refundable upon initiation of any field activities, and subject to a \$50 administrative fee if cancelled prior to initiation of the service.

Authorized Agent (printed): _____
 Authorized Agent Signature: _____ Date: _____

FOR OFFICE USE ONLY Amount Paid: _____ Receipt # _____ Date: _____