

WESTERN U.P. HEALTH DEPARTMENT
APPLICATION FOR WATER SUPPLY SYSTEM CONSTRUCTION

Fees: _____ Date: _____ Permit #: _____
 Receipt #: _____ Rec'd by: _____ Property Tax ID: _____

| | | | | | | |
|----------------------------------|----------|--|---------------|---|------|---|
| Owner Name | | Directions to Property | | | | |
| Mailing Address | | | | | | |
| City, State, Zip | | | | | | |
| Phone # | | | | | | |
| County | Township | Quarter ¼ | Sections ¼ | Section | Twp# | Range # |
| A. The well is for a: | | <input type="checkbox"/> Single Family Residence | | <input type="checkbox"/> Commercial Establishment | | |
| B. This is a: | | <input type="checkbox"/> New well | | <input type="checkbox"/> Replacement Well | | <input type="checkbox"/> Geothermal Well |
| C. This application is for a: | | <input type="checkbox"/> Drilled Well | | <input type="checkbox"/> Pump Installation | | <input type="checkbox"/> Reconstruct/Alter Well |
| D. Existing well on site?: | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | |
| Well Driller: _____ | | Phone #: _____ | | | | |
| Pump Installer: _____ | | Phone #: _____ | | | | |
| Proposed Construction Date _____ | | | | | | |

Applicants Signature

Date

Not a valid permit unless signed by applicant and health department

(Health Department use only) Well Construction Requirements & Permit Conditions

- Maintain all minimum isolation distances required by Michigan's Well Construction Code, Part 127, Act 368, P. A. 1978 and the Superior Environmental Health Code.**
- Prior to placing the water well into service, one or more samples shall be collected for bacteriologic analysis and show the absence of coliform organisms. (Rule 161(2), Part 127 of Act 368 P.A. 1978). It is recommended that you contact this office for a final evaluation prior to placing any water well into service.**
- The existing well located on the property is to be properly plugged by a licensed well drilling contractor as required by Michigan's Well Construction Code, Part 127, Act 368, P. A. 1978.**
- A hand pump only may be used to obtain water from the well. The privy/composting toilet sewage system for the dwelling does not support water use within the dwelling. No plumbing (pressurized or non-pressurized) from the well to the dwelling, or within the dwelling, may be installed.**

Environmental Health Sanitarian Signature _____ Issue Date _____ Expiration Date _____

Well Log Received _____ Water test results received: Bacteria _____ Partial Chemistry _____

Site Evaluation Attached Final Inspection date: _____

Well System Site Layout

- Include:
- a) Property lines/dimensions, building(s), well and sewage system location
 - b) Distances between well and sewage system, neighboring well/sewage systems, streets, roads, bodies of water, and fuel storage tanks.



****COMPLETED BY HOMEOWNER OR CONTRACTOR****

DISTANCES TO PROPOSED WELL

DISTANCE FROM:

| | | | |
|-------------------------------------|----------|------------------------|----------|
| Your Drainfield | _____ ft | Neighbor's Drainfield | _____ ft |
| Your Septic Tank | _____ ft | Neighbor's Septic Tank | _____ ft |
| Fuel Tanks | _____ ft | Lot Lines | _____ ft |
| Surface Water(ponds, streams, etc.) | _____ ft | Rock Outcrops | _____ ft |

Layout provided by: _____