

**WESTERN U.P. HEALTH DEPARTMENT
APPLICATION FOR WATER WELL CONSTRUCTION PERMIT**


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

Owner Name		Directions to Property			
Mailing Address					
City, State, Zip					
Phone #	County:	Section:	Twp#	Range #	
	Township:				
A. System serves: <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Commercial Establishment B. This is a: <input type="checkbox"/> New System <input type="checkbox"/> Replacement System <input type="checkbox"/> Geothermal System C. This application is for a: <input type="checkbox"/> Drilled Well <input type="checkbox"/> Install Pump <input type="checkbox"/> Reconstruct/Alter Well D. Is there an existing well on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Well Driller: _____ Phone #: _____ Proposed Installation Date: _____					
Pump Installer: _____ Phone #: _____					
By signing this application I certify that the information provided on this application is correct to the best of my knowledge. I understand that all Well Construction Requirements and Permit Conditions listed below must be followed. I understand that the well is not approved as a drinking water source until Western UP Health Department receives: 1) a Water Well and Pump Record demonstrating the well was constructed according to Michigan's Well Construction Code, and 2) a water test result demonstrating the well water does not contain coliform bacteria.					
_____ Applicants Signature				_____ Date	
Not a valid permit unless signed by applicant & Health Department					

(Health Department Use Only) Well Construction Requirements & Permit Conditions (All conditions marked with a "X" are required)		
<input type="checkbox"/> The water supply system shall be installed according to Michigan's Well Construction Code, Part 127, Act 368, P.A. 1978 and the Superior Environmental Health Code.		
<input type="checkbox"/> Prior to placing the water well into service, one or more samples must 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 inspection prior to placing the water well into service.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> _____		
_____ Environmental Health Sanitarian Signature	_____ Issue Date	_____ Expiration Date
Well Log Received _____ Water Test Results Received: Bacteria _____ Chemistry _____ Uranium _____		
<input type="checkbox"/> Site Evaluation Attached Final Inspection Date: _____		

Well System Site Layout

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

 North

DISTANCES TO PROPOSED WELL (Completed by Homeowner or Contractor)			
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: _____