

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 Sections ¼ ¼ ¼	Section	Twp#	Range #	
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			
C. This application is for a:		<input type="checkbox"/> Drilled Well	<input type="checkbox"/> Install Pump <input type="checkbox"/> Reconstruct/Alter Well			
D. Existing Well On Site:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Geothermal System			
Well Driller: _____		Phone #: _____				
Pump Installer: _____		Phone #: _____				
Proposed Construction Date _____						

Applicants Signature

Not a valid permit unless signed by applicant

Date

(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.**

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 to sewage system, neighboring well/sewage systems, streets, roads, bodies of water.



****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: _____