

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

Fees: _____

Date: _____

Permit #: _____

Receipt #: _____

Rec'd by: _____

Property Tax ID: _____

Owner Name	Well Site Address:			
Mailing Address				
City, State, Zip	County:			
Phone #	Township:	Section:	Twp#	Range #

A. System serves: ☐ Single Family Residence ☐ Commercial Establishment

B. Type: ☐ New System ☐ Replacement System ☐ Geothermal System

C. This application is for a: ☐ Drilled Well ☐ Reconstruct/Alter Well

D. Is there an existing well on the property? ☐ Yes ☐ 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)

☐ Refer to attached Site Evaluation Report and Site Diagram. The water supply system shall be installed according to Michigan's Well Construction Code, Part 127, Act 368, P.A. 1978 and the Upper Peninsula Environmental Health Code.

☐ 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, which includes water sampling for bacteria, chemistry, and uranium.

☐ 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.

☐ The well shall be properly isolated from sources of contamination: 50 feet septic tank, absorption system, pressure sewer lines, sewage ejector pits, fuel tanks; 10 feet from surface water and property lines, gravity sewer lines; and 100 feet from privies.

See attached permit addendum for special drilling requirements.

Environmental Health Sanitarian

Issue Date

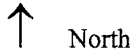
Expiration Date

Owner Name: _____

Permit No: _____

WELL SYSTEM SITE LAYOUT

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



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
Basement sewage ejector pits _____ ft	Gravity Sewer Lines _____ ft
Pressurized sewer lines (force main) _____ ft.	