



ST. CLAIR COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
3415 – 28TH STREET, PORT HURON, MI 48060
PHONE: (810) 987-5306
FAX: (810) 985-5533

INSTRUCTIONS FOR SUBMITTING A RESIDENTIAL OR COMMERCIAL TYPE III WATER SUPPLY APPLICATION

IMPORTANT NOTICE: WELL PERMITS ARE VALID FOR ONE YEAR ONLY, AND SHOULD NOT BE APPLIED FOR UNTIL WATER WELL INSTALLATION IS TO BE DONE IN THAT 12 MONTH PERIOD. THIS PERMIT IS NOT TRANSFERABLE TO ANOTHER PERSON OR PROPERTY.

Permits will be processed only when ALL required information is provided. The following MUST be submitted:

- Property address or road location with distance from nearest intersection.
IT IS IMPORTANT THAT THE SANITARIAN HAVE THE EXACT LOCATION OF THE PROPERTY.
- All proper names are to be placed in designated lines. For definition of names, note the following:
 - a. OWNER: Shall be property owner of record at the time application is filed.
 - b. APPLICANT: Shall be one of the following:
 - Same as owner if that person is the one developing the property.
 - The purchaser of the property, if this is to be the person developing the property.
 - Applicant must be an individual, not a company or business.
- Intended well use: New or Replacement; Residential or Type III Commercial.
- A detailed plot plan on a separate sheet of paper. *(See example on the back of this sheet)*
- Property Tax I.D. Number and a copy of the legal description of the property.
- Fill in the name of the well driller and telephone number, if known.
- APPLICATION SIGNATURES:
 - a. The applicant or licensed well driller shall sign the application.
 - b. Permits will be issued to THE APPLICANT ONLY. If a licensed well driller makes application for the applicant, a copy will be given to the licensed well driller.
- After application is completed, return it with all required information and the proper fee.
*Make checks payable to: **ST. CLAIR COUNTY HEALTH DEPARTMENT, for \$175.00***

To obtain final approval of your water supply, a safe bacterial analysis is required. Failure to obtain a safe bacterial analysis will result in an unapproved water supply. Your permit fee includes collection of the bacteria sample, and one follow up, if necessary.

- When the water system is ready to be put in use, contact the Health Department at (810) 987-5306 to schedule collection of the water sample.
- A partial chemical analysis may be requested with an additional applicable fee. This test includes the following parameters: Iron, Sodium, Nitrate, Nitrite, Hardness, Chloride, Fluoride, and Sulfate.

ATTENTION APPLICANT: Installation of a water supply well used to obtain water for drinking or domestic purposes is advised before building in those areas known for lack of water or water quality problems. This is to assure that a safe and adequate water supply can be obtained to meet the peak water demands of a habitable building. Some local units of government may already have this requirement.

DATE OF APPLICATION: _____
PERMIT NUMBER: _____

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APPLICATION TO INSTALL RESIDENTIAL WATER SUPPLY
FACILITIES OR TYPE III PUBLIC WATER SUPPLY

PROPERTY INFORMATION: Property Tax ID # 74 - _____ LOT/PARCEL NO. _____
Address/Street _____ Township _____
Nearest Crossroad () N () S () E () W of _____ Section Number _____

APPLICANT INFORMATION:

Applicant _____ Street Address _____
City, State, Zip _____ Phone _____
Property Owner _____ Street Address _____
City, State, Zip _____ Phone _____
Licensed Well Driller _____ Phone _____
Well Use: New () Replacement () If replacement, will existing well be abandoned? Yes () No () Residential () Commercial ()

Well owner is legally responsible to assure that abandoned well is properly plugged and documentation provided to the Health Department.

NOTE: TO OBTAIN FINAL APPROVAL OF YOUR WATER SUPPLY, A SAFE BACTERIOLOGICAL ANALYSIS IS REQUIRED. IT IS THE OWNER'S RESPONSIBILITY TO SUBMIT A SAMPLE FOR BACTERIOLOGICAL ANALYSIS.

SIGNATURE OF APPLICANT OR LICENSED WELL DRILLER: _____ DATE: _____

PERMIT (For Health Department Use Only) **SITE REVIEW DATE:** _____

ISOLATION DISTANCE REQUIREMENTS:
10 feet from surface water 50 feet from animal/poultry yard
50 feet from on-site sewage disposal system 10 feet from buried gravity sewer line
3 feet from building, overhang, or projection _____ feet from underground storage tank
150 feet from storage/prep area for agricultural chemicals

OTHER REQUIREMENTS/RECOMMENDATIONS:

The permit holder or well driller shall contact the Health Department within one working day following completion of the water supply or pumping equipment installation.

Many interrelated factors contribute to the satisfactory performance of a water supply. This permit cannot be considered as a guarantee by this department that satisfactory operation or water quality is assured.

This PERMIT NO. _____ is hereby granted to _____, subject to the conditions stated herein. Construction shall be in accordance with the requirements of Act 368, P.A. 1978 Part 127 as amended, and/or Act 399, P.A. 1976.

PERMIT ISSUED ON: _____, 20____. PERMIT VOID AFTER _____, 20____.

AUTHORIZED BY: _____, Environmental Sanitarian