



Environmental Health Division
3415 28th Street, Port Huron, MI 48060
Phone: (810) 987-5306
Fax: (810) 985-5533
www.scchealth.co



RESIDENTIAL OR COMMERCIAL TYPE III WATER SUPPLY APPLICATION INSTRUCTIONS

IMPORTANT NOTICE:

- 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.
- Well permits are valid for one year only and should not be applied for until water well installation is about to be done in that 12 month period. This permit is not transferable to another person or property.
- All of the following **MUST** be submitted in whole before a permit will be processed.
 - 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 the application is completed, return it with all required information and a \$175.00 check payable to: **SCCHD**

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.

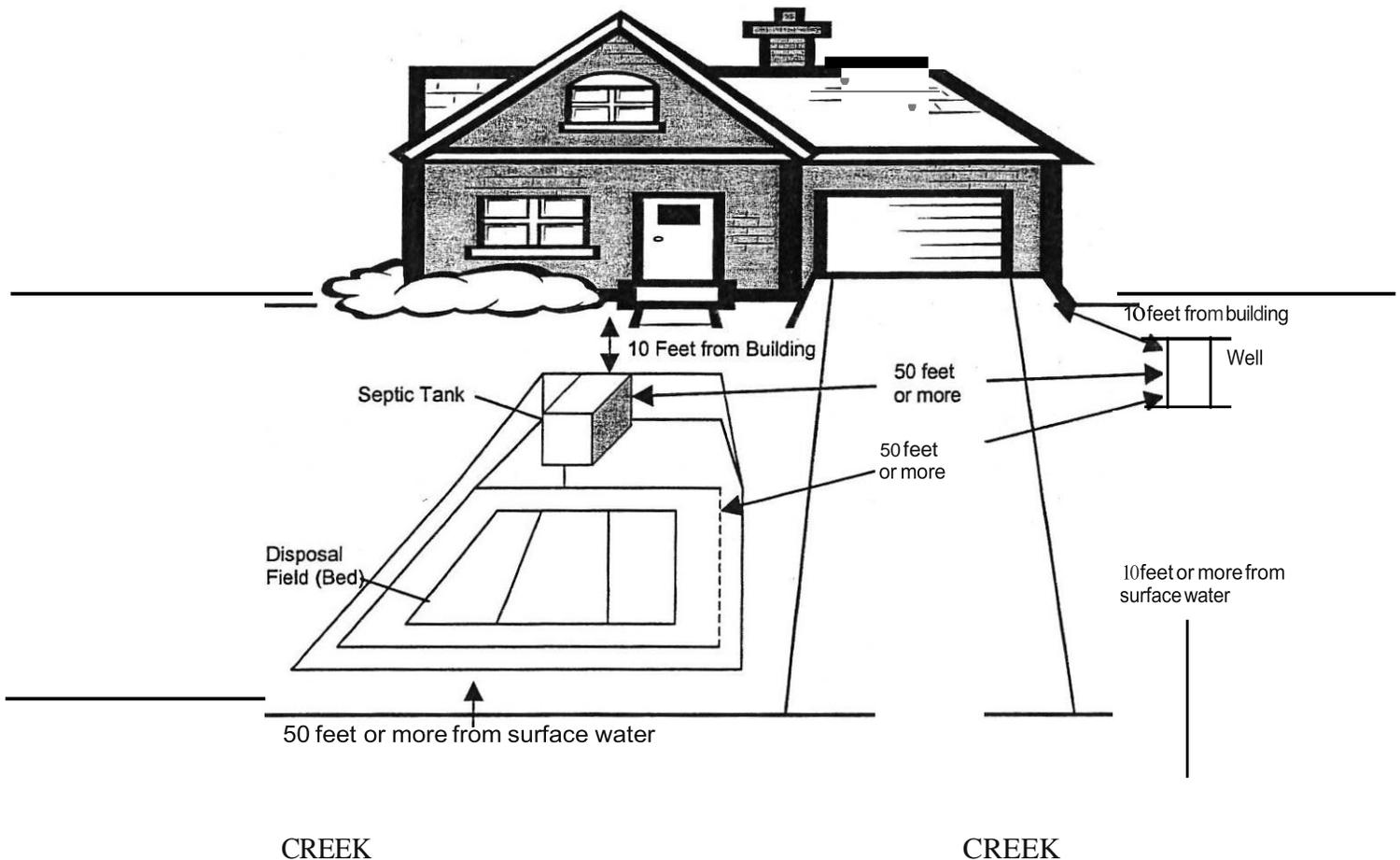
- When the water system is ready to be put in use, contact the Health Department at (810) 987-5306 to schedule collection of the water sample.
- A partial chemical analysis may be requested with an additional applicable fee. This test includes the following parameters: Iron, Sodium, Nitrate, Nitrite,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

SAMPLE PLOT PLAN FOR RESIDENTIAL TYPE III WATER SUPPLY

- A. Show location of any existing construction, such as buildings, sewage disposal facilities, etc. which are on the property or adjoining property.
- B. Show well location in relationship to all proposed construction, such as buildings, driveways, property lines, etc.
- C. Indicate distances between well and septic tanks, disposal fields, property lines, water courses, streams, rivers, ponds, drop-offs, on property and neighboring property.
- D. Show all known or potential sources of contamination.
- E. Your plot plan drawing should resemble the example shown below.

ATTACH YOUR DRAWING TO THIS APPLICATION

EXAMPLE:





ENVIRONMENTAL HEALTH DIVISION
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Form with fields for Date of application, Application fee paid, Receipt number, and Permit number.

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

APPLICANT INFORMATION:

Form with fields for Applicant, Street Address, City, State, Zip, Phone, Property Owner, Street Address, City, State, Zip, Phone, Email Address, 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 on-site sewage disposal system
3 feet from building, overhang, or projection
150 feet from storage/prep area for agricultural chemicals

- 50 feet from animal/poultry yard
10 feet from buried gravity sewer line
feet from underground storage tank

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 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.