



ST. CLAIR COUNTY HEALTH DEPARTMENT



Environmental Health Division
220 Fort Street, Port Huron, MI 48060
Office: (810) 987-5306 / Fax: (810) 985-5533
environmentalhealth@stclaircounty.org

RESIDENTIAL OR TYPE III WELL PERMIT APPLICATION

➤ IMPORTANT NOTICE:

- Installation of a water supply well to be used for drinking or domestic purposes is advised to be completed before purchasing/developing a property. An adequate water supply is not guaranteed as there are areas in St. Clair County that lack for water and/or may have water of objectionable quality.
- Well permits are valid for one year only and are not transferable to another person or property.

➤ APPLICANT/SIGNATURE MUST BE AN INDIVIDUAL AND ONE OF THE FOLLOWING:

- Owner of the property.
- Purchaser of the property.
- Licensed well driller.

➤ SUBMIT THE FOLLOWING:

- Property address or road location with distance from nearest intersection.
- Intended well use: New or Replacement; Residential or Type III Public Water Supply
- Detailed plot plan (*example on back*)
- Legal description of property
- Well driller and telephone number. If a licensed driller is not listed, the permit will be given to the APPLICANT ONLY.
- **If this is a replacement well, the property owner MUST also complete an Abandoned Well Response Form at the time of permit application.**

➤ AFTER APPLICATION IS COMPLETED:

- **Email / return with all required information**
- **Permit fee of \$200 payable via cash, check, online, or over phone with credit card (fees apply)**

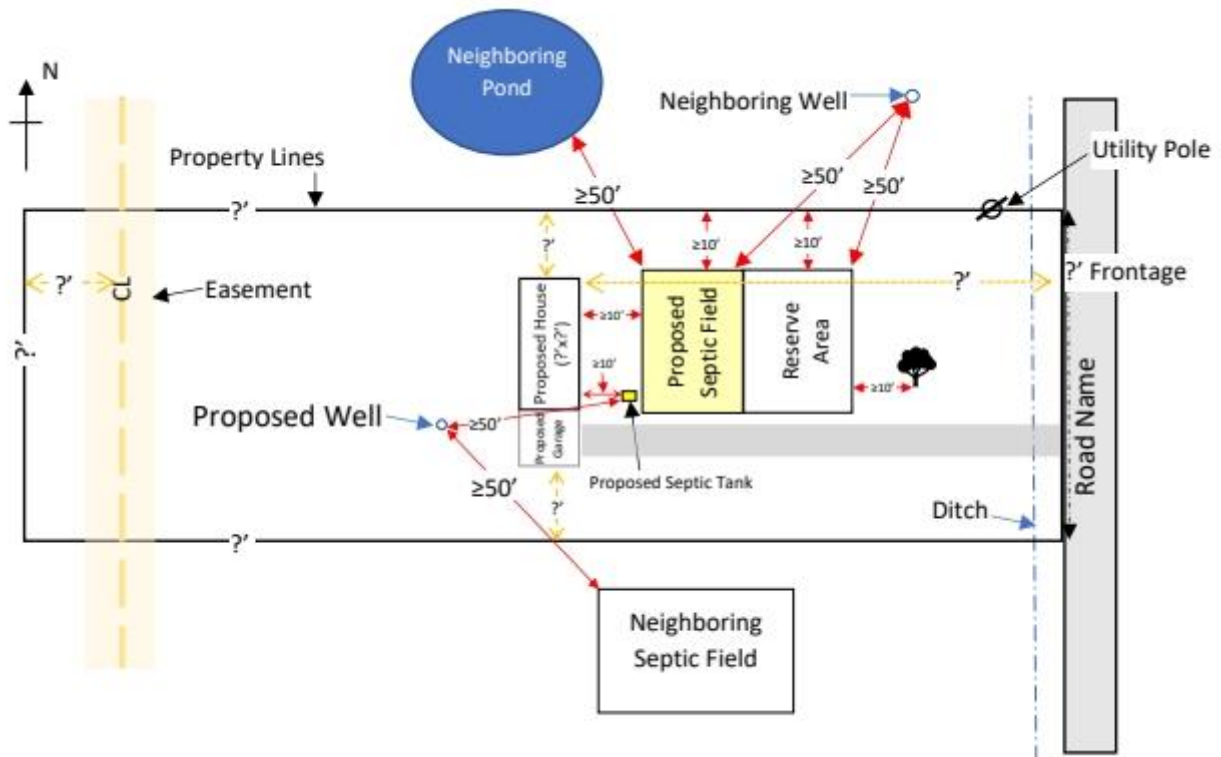
➤ TO OBTAIN FINAL APPROVAL OF YOUR WATER SUPPLY, THE FOLLOWING IS REQUIRED:

- A safe bacteriological test result (*Type III requires two consecutive safe results 24hrs apart*). One sample is included in the permit fee.
- A completed well log from a licensed well driller.
- A well construction final inspection completed by our department.
- Copy of signed and completed well abandonment form if applicable.

Please contact the Environmental Health Division at (810) 987-5306 to schedule collection of the water sample and a final inspection of your well.

SAMPLE PLOT PLAN FOR WELL PERMIT APPLICATION

- Draw lot boundaries and any existing permanent structures, such as buildings, driveways, sewage disposal systems, fuel or chemical storage tanks etc. which are on the property.
- Indicate distances from the proposed well location to any septic tanks, disposal fields, storage tanks, property lines, water courses, ponds, drop-offs, located on the property or nearby neighboring property.
- Indicate all known or potential sources of contamination
- Plot plan drawing should resemble the example shown below
 - *Type III Public Water Supply well isolation distances may differ,
 - Please contact our office if you have any questions.



Date _____
Amount _____
Receipt _____
Permit # _____

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RESIDENTIAL OR TYPE III WELL PERMIT APPLICATION

PROPERTY INFORMATION: Property Tax ID # 74- _____ Lot / Parcel # _____

Address / Street _____ Township _____

Nearest Crossroad () N () S () E () W of _____ Section # _____

Applicant _____ Phone# _____ Email _____

Street Address _____

City, State, Zip _____

Property Owner _____ Phone# _____ Email _____

Street Address _____ City, State, Zip _____

Licensed Well Driller _____ Phone# _____ Email _____

Well Use: New () Replacement () If well is a replacement, the well abandonment form must be completed. Well Type: Residential () Type III ()

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

SIGNATURE OF APPLICANT OR LICENSED WELL DRILLER _____ DATE ____/____/____

PERMIT (Health Department Use Only)

SITE REVIEW DATE: ____/____/____

COMMON RESIDENTIAL 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

TYPE III WELL DISTANCES MAY DIFFER

50 feet from basement fuel storage tank
50 feet from animal/poultry yard
10 feet from buried gravity sewer line
____ feet from underground storage tank

OTHER REQUIREMENTS/RECOMMENDATIONS:

It is the well owner's responsibility to obtain a safe bacteriological sample prior to water system placed in service.

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 _____
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



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REPLACEMENT WELL
Abandoned Well Response Form
(to be filled out by the well owner)

Name: _____

Phone: _____

Address of Well: _____

Parcel ID# _____

*****ATTENTION OWNER*** - If you, the owner, do not live at the above referenced property, a licensed well driller must be hired to plug the old well.**

I PLAN TO DO THE FOLLOWING WITH MY WELL:

☐ HIRE A WELL DRILLING CONTRACTOR TO PLUG THE WELL.

The well will be plugged by: _____ By this date: _____
(Company or Driller's Name) (Date)

☐ PLUG THE WELL MYSELF – I will notify your department before I proceed and will submit an abandoned well plugging record after I complete the work.

☐ I HAVE CHOSEN NOT TO ABANDON MY WELL - I will meet the requirements of the Groundwater Quality Control Rules in the following manner:

☐ KEEP WELL ACTIVE

I affirm that the existing well is in operational condition at this time. I affirm that the well complies with current State of Michigan well construction standards, is properly isolated from potential sources of contamination (i.e., sewage systems, sewer lines, underground tanks, etc.) and if with well is being used for non-potable purposes, that there are no plumbing connections (cross connections) between the piping serving the existing non-potable well and the piping system serving the structure now connected to the potable new well.

☐ RETAIN IN "TEMPORARY ABANDONED" STATUS

I have taken the existing well out of service at this time, and wish to retain it for use in the future. I affirm that the well complies with current State of Michigan well construction standards, is properly isolated from potential sources of contamination (i.e., sewage systems, sewer lines, underground tanks, etc.), is disconnected from all distribution piping, and has the top of the casing securely capped with a threaded, welded, or solvent welded, watertight cap to prevent entrance of surface water or foreign materials into the well.

I understand that by not plugging the well, I am assuming responsibility for proper maintenance of the well to prevent ground water contamination and prevent it from becoming a physical safety hazard. If I sell my property, it is my obligation to disclose the presence of the well, pursuant to the Seller Disclosure Act, PA 92 of 1993.

Signing this form does not guarantee your well will not have to be plugged. The Department or Health Officer may order a Well Owner or a Registered Well Driller to plug an abandoned well. If you indicated you do not want to abandon your well, it must be verified that the condition of the well does not pose a health or physical threat to the public. This is done by examining the well physically and/or through documentation. The well may be evaluated at the same time the New Well installation inspection is conducted, and if it poses a health or physical risk to the public, it will be required to be properly abandoned.

Shallow crock wells are generally considered unacceptable and must be abandoned regardless of it's use.

Owner Signature: _____

Date: _____

Office Use Only

Response Approved

Circle One

Yes

NO

Is Well Required to be Abandoned

Circle One

Yes

No

Name: _____

Date: _____



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DESIGNATED AGENT FORM

As landowner of property indicated below, please accept this signed authorization as written permission for my "Designated Agent" to sign application and secure a Permit in my name

Property Address _____
City / Township _____

Owner Name _____
Address _____
City, State, Zip _____

Designated Agent _____
Address _____
City, State, Zip _____

Owner Signature _____
Date _____

