



ST. CLAIR COUNTY HEALTH DEPARTMENT



Environmental Health Division
3415 28th Street Port Huron MI 48060
Office: (810) 987-5306 / Fax: (810) 985-5533
environmentalhealth@stclaircounty.org

RESIDENTIAL OR COMMERCIAL TYPE III WATER SUPPLY APPLICATION

➤ 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.**

➤ APPLICANT / SIGNATURES SHOULD BE ONE OF THE FOLLOWING:

- Owner of the property, if owner is the one developing the property
- Purchaser of the property, if this is to be the person developing the property
- Applicant must be an individual, not a company or business
- Applicant or licensed well driller shall sign the application
- Permits will be issued to **APPLICANT ONLY**. If a licensed well driller is listed on application, copy will be given to the licensed well driller

➤ SUBMIT THE FOLLOWING:

- Property address or road location with distance from nearest intersection. **IT IS IMPORTANT THAT THE SANITARIAN HAVE THE EXACT LOCATION OF THE PROPERTY**
- Intended well use: New or Replacement; Residential or Type III Commercial
- Detailed plot plan on a separate sheet of paper (*See example on the back of this sheet*)
- Property Tax I.D. number and legal description of the property
- Fill in the name of the well driller and telephone number, if known

➤ AFTER APPLICATION IS COMPLETED:

- Email / return with all required information and fee of \$200.00
- **Payable to: SCCHD** or call with credit card (fees apply)

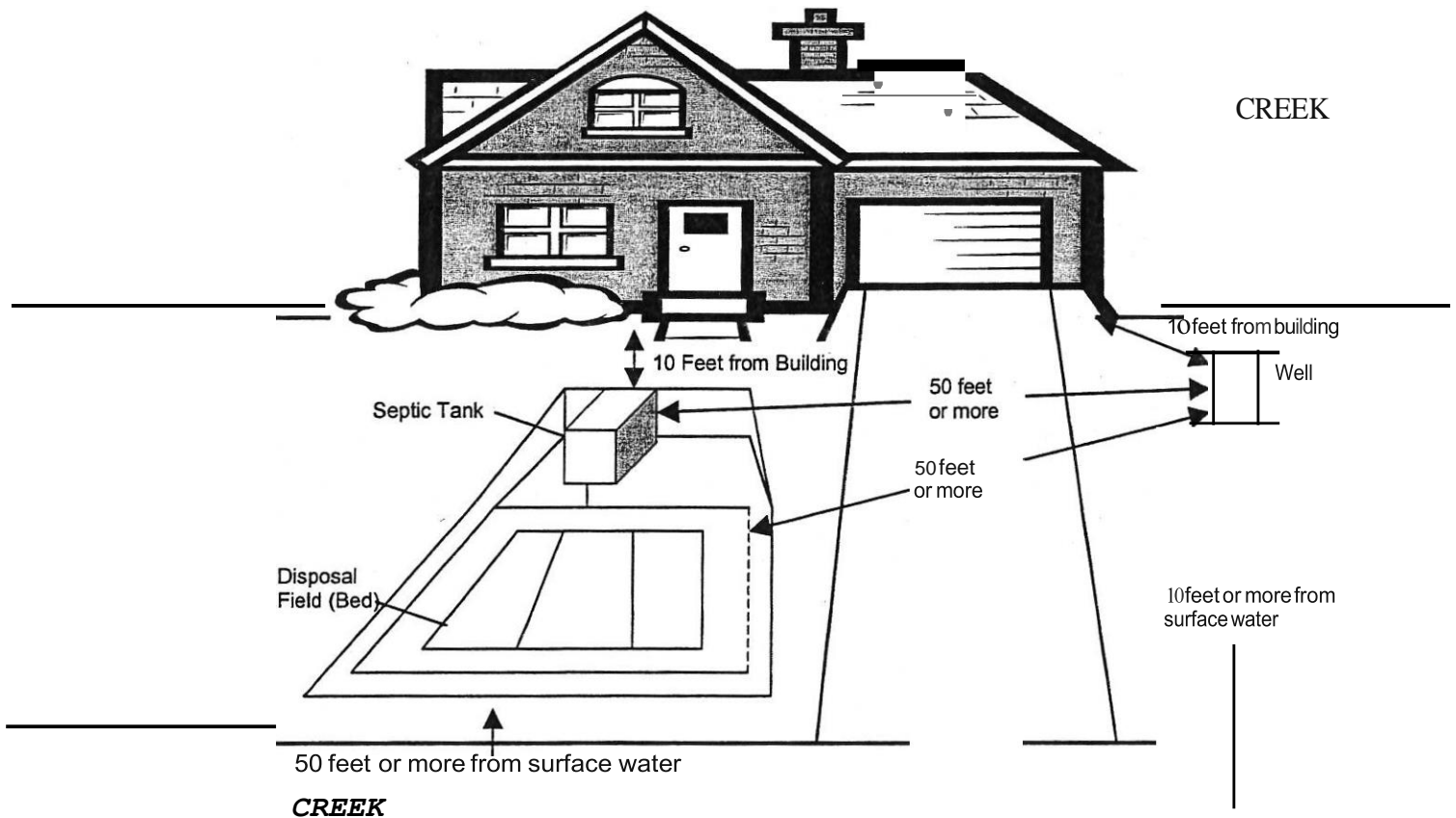
To obtain final approval of your water supply, a safe bacterial analysis is required. Failure to obtain safe bacterial analysis will result in an unapproved water supply. Your permit fee includes collection of one bacteria sample.

- Water system is **NOT** to be placed in service prior to obtaining a safe bacteriological sample. Contact the Environmental Health Division at (810) 987-5306 to schedule collection for water sample
- Type III Public Water Supply permits will need two consecutive safe bacteriological samples 24 hours apart prior to placing well into service (***water samples are not included in well permit fee***)
- 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

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

EXAMPLE



Date _____
 Amount _____
 Receipt _____
 Permit # _____

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RESIDENTIAL OR COMMERCIAL 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 _____

Street Address _____ Email _____

City, State, Zip _____

Property Owner _____ Phone _____

Street Address _____ Email _____

City, State, Zip _____

Licensed Well Driller _____ Phone _____

Street Address _____ Email _____

City, State, Zip _____

Well Use: New () Replacement () If replacement, will existing well be abandoned? Yes () No () Residential () Commercial ()

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 (For Health Department Use Only)	SITE REVIEW DATE: _____
ISOLATION DISTANCE REQUIREMENTS:	
<u>10</u> feet from surface water	<u>50</u> feet from animal/poultry yard
<u>50</u> feet from on-site sewage disposal system	<u>10</u> feet from buried gravity sewer line
<u>3</u> feet from building, overhang, or projection	_____ feet from underground storage tank
<u>150</u> feet from storage/prep area for agricultural chemicals	
<u>OTHER REQUIREMENTS/RECOMMENDATIONS: It is the well owner's responsibility to obtain a safe bacteriological sample prior to water system placed in service.</u>	
<p>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.</p> <p>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.</p> <p>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.</p> <p>PERMIT ISSUED ON: _____, 20_____. PERMIT VOID AFTER _____, 20_____.</p> <p>AUTHORIZED BY: _____ Environmental Sanitarian.</p>	

