



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



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 \$200.00 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.

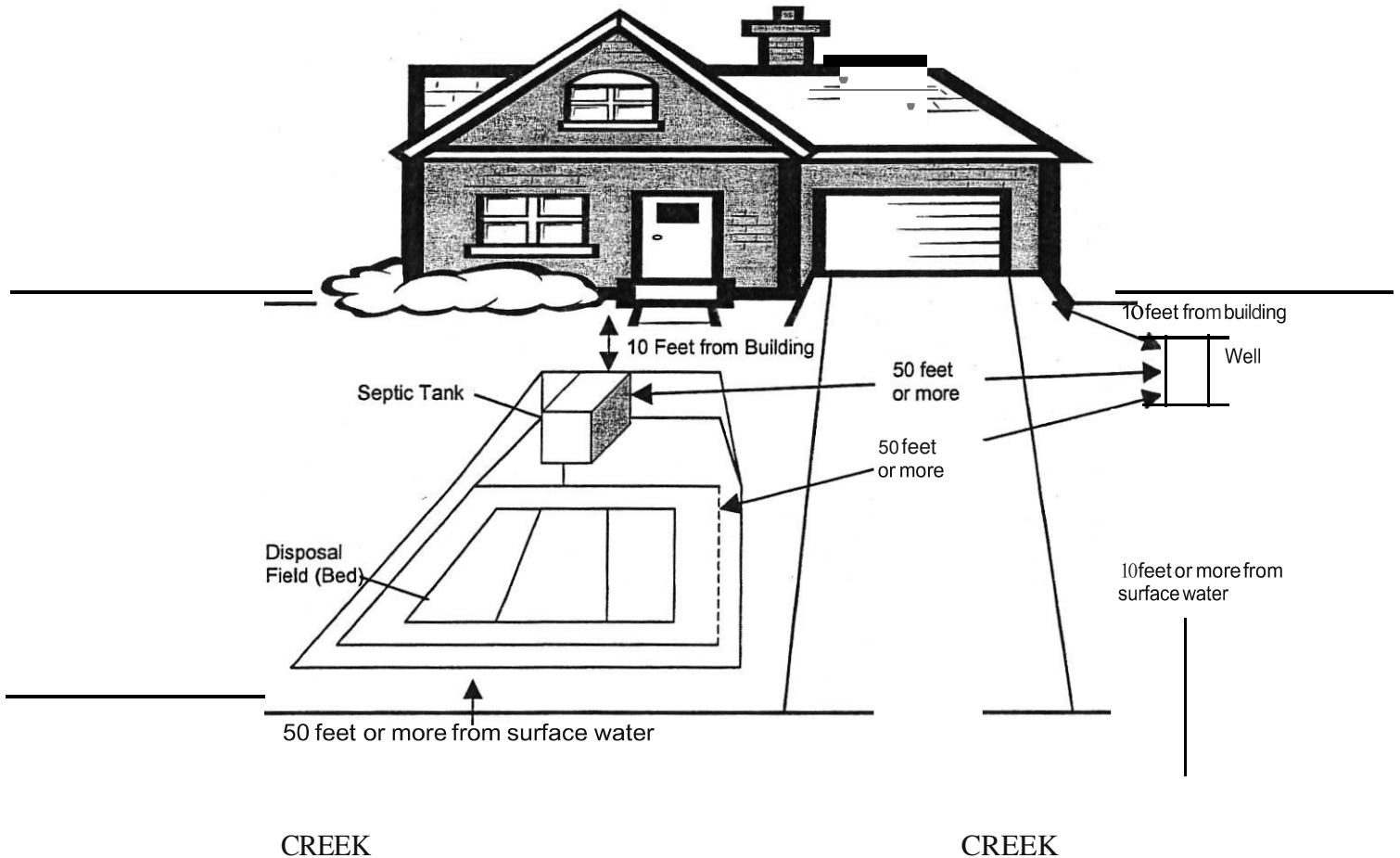
- Water system is **NOT** to be placed in service prior to obtaining a safe bacteriological sample. Contact the Health Department at (810) 987-5306 to schedule collection for the water sample.
- Type III Public Water Supply permits will need two consecutive safe bacteriological samples 24 hours apart prior to placing well into service.
- 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
3415 28th Street, Port Huron, MI 48060
Phone: (810) 987-5306 / Fax: (810) 985-5533
environmentalhealth@stclaircounty.org

Date of application _____
Application fee paid _____
Receipt number _____
Permit number _____

PROPERTY INFORMATION: Property Tax ID # 74- _____ - _____ - _____ - _____ Lot / Parcel # _____
Address / Street _____ Township _____
Nearest Crossroad () N () S () E () W of _____ Section # _____

APPLICANT INFORMATION:

Applicant _____ Street Address _____
City, State, Zip _____ Phone _____
Email _____
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.

SIGNATURE OF APPLICANT OR LICENSED WELL DRILLER _____ DATE _____

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

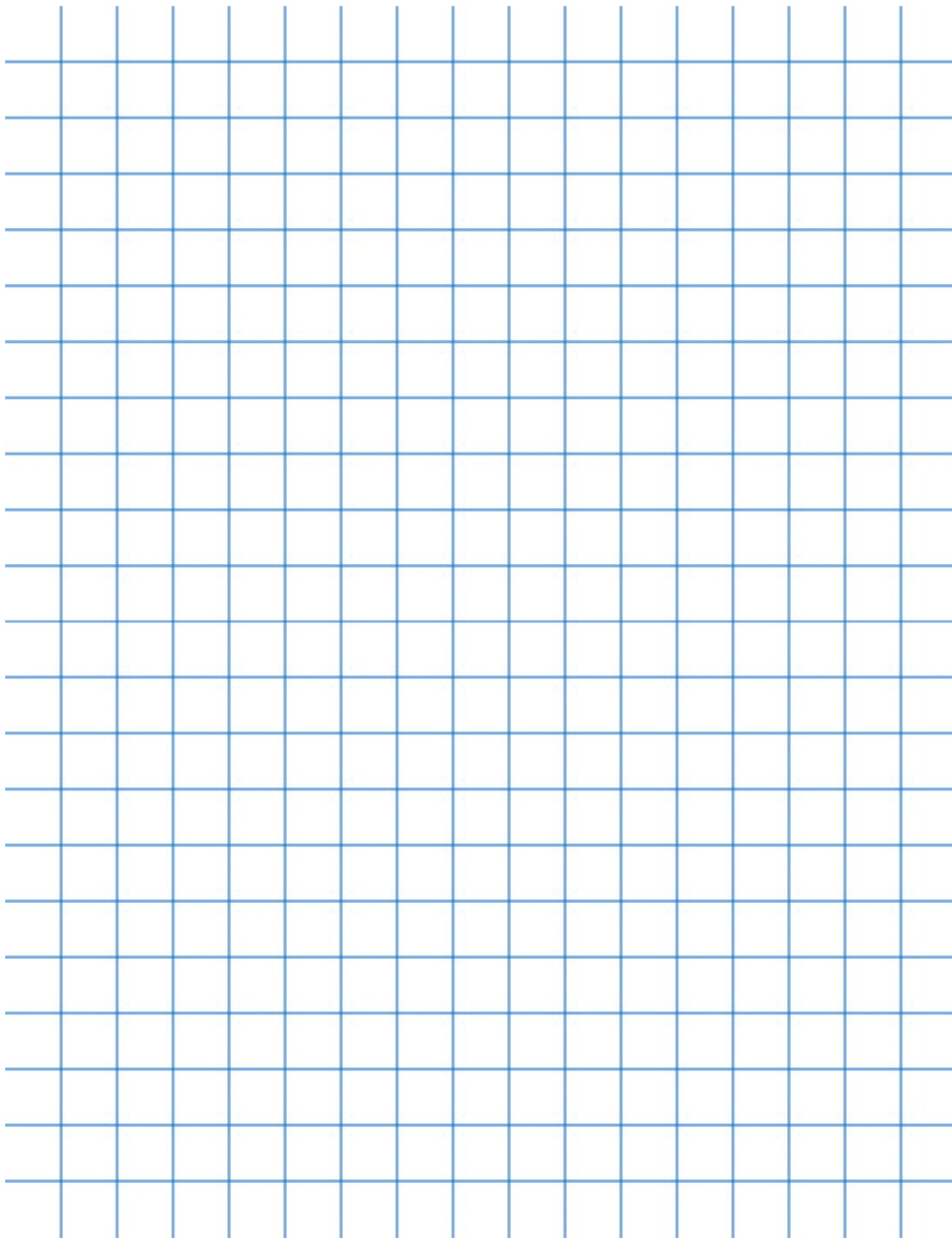
ISOLATION DISTANCE REQUIREMENTS:
10 feet from surface water
50 feet from on-site sewage disposal system
3 feet from building, overhang, or projection
150 feet from storage/prep area for agricultural chemicals
50 feet from animal/poultry yard
10 feet from buried gravity sewer line
_____ feet from underground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

OTHER REQUIREMENTS/RECOMMENDATIONS: 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 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.



DESIGNATED AGENT FOR SEPTIC AND / OR WELL PERMIT

St. Clair County Health Department
Attn: Environmental Health
3415 – 28th Street
Port Huron MI 48060
Phone: (810) 987-5306, Fax: (810) 985-5533

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

Property Address _____
City/ Township/Village _____
Development (Owner) Name _____

Designated Agent _____
Address _____

City, State, Zip _____

Property Owner Signature _____
(Print Name) _____
Property Owner Address _____
City, State, Zip _____
Date _____