



## WELL PERMIT APPLICATION

DEPARTMENT OF HEALTH, VETERANS & COMMUNITY WELLNESS  
WELLNESS SERVICES DIVISION 33030 VAN BORN ROAD  
WAYNE, MI 48184 • TELEPHONE: (734) 727-7400 • FAX: (734) 727-7165  
**FEE OR RECEIPT MUST ACCOMPANY APPLICATION**

THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT TO CONSTRUCT OR INSTALL: \_\_\_\_\_ Date: \_\_\_\_\_

☐ New Well ☐ Replacement Well ☐ Other: \_\_\_\_\_

PERMIT FEE: **\$250.00** (1-2-family dwelling) or **\$648.00** (other)

PROPOSED USE: ☐ Private (Domestic Use) Public: ☐ Type II ☐ Type III ☐ Irrigation; Withdrawal Rate <70 gallons per minute  
☐ Irrigation, Withdrawal Rate  $\geq$  70 gallons per minute (please see below\*)

**\*For those irrigation wells with pump(s) capable to withdraw seventy gallons or more per minute, a completed Michigan Water Withdrawal Assessment Tool (WWAT) Registration Form must accompany this application (State of Michigan Requirement with annual fee).**

LOCATED AT: \_\_\_\_\_  
NO. & STREET CITY or TOWNSHIP SECTION NO. & TAX I.D. NO.  
BETWEEN \_\_\_\_\_ and \_\_\_\_\_

OWNER: \_\_\_\_\_  
NAME HOME PHONE NO. WORK PHONE NO.  
\_\_\_\_\_  
NO. & STREET CITY STATE ZIP

APPLICANT: \_\_\_\_\_  
NAME HOME PHONE NO.  
\_\_\_\_\_  
NO. & STREET CITY STATE ZIP

WELL CONTRACTOR NAME: \_\_\_\_\_ STATE REGISTRATION NO. \_\_\_\_\_

ARE THERE EXISTING WELLS ON THIS PARCEL OF PROPERTY? ☐ YES ☐ NO

IF YES, are they in use? ☐ Yes ☐ No. IF NO, all abandoned wells must be properly plugged and log submitted.

DISTANCE TO NEAREST SOURCE OF CONTAMINATION (FT): \_\_\_\_\_ Septic Tank \_\_\_\_\_ Buried Fuel Tank  
\_\_\_\_\_ Drainfield \_\_\_\_\_ Other (Specify): \_\_\_\_\_

**IMPORTANT: SKETCH MUST BE PROVIDED ON THE REVERSE SIDE OF THIS WELL PERMIT APPLICATION.**

Applicant shall notify this Department of the date and time well drilling is to take place.

Please contact this Department so that arrangements can be made for water sample collection before this system is put into use.

A water well and pump record (well log) must be submitted within 60 days of the date of completion.

### FOR HEALTH DEPARTMENT USE ONLY:

\_\_\_\_ REVIEW OF CONTAMINATION SITES MADE  
\_\_\_\_ ABANDONMENT OF EXISTING WELL(S) REQUIRED  
\_\_\_\_ FIELD EVALUATION COMPLETED (Prior to well construction) DATE \_\_\_\_\_  
\_\_\_\_ ISOLATION DISTANCE(S) CAN BE MET

APPLICATION APPROVED: ☐ YES ☐ NO DATE \_\_\_\_\_

ENVIRONMENTALIST \_\_\_\_\_ DATE \_\_\_\_\_ PERMIT NO. \_\_\_\_\_ DATE \_\_\_\_\_

Amount paid: \_\_\_\_\_ Check/Receipt # \_\_\_\_\_ Date: \_\_\_\_\_

**THIS APPLICATION IS VOID ONE (1) YEAR FROM DATE OF ISSUE**

## **SKETCH OF PROPERTY**

Include the following: Property lines, proposed well location, existing wells, proposed and existing structures, roads and driveways; surface water: river, lake, pond, stream, ditch, wetlands, floodplains, etc; existing or proposed septic tank(s) and drainfields; fuel tanks.

**DISTANCES SHALL BE SHOWN**



**A STAKE SHALL BE PLACED AT PROPOSED WELL DRILLING LOCATION**

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_