



Midland County Department of Public Health
 Environmental Health Services Division
 220 W. Ellsworth St., Midland, MI 48640-5194
 Phone 989-832-6380 / Fax 989-486-9065
 E-Mail: ehinfo@co.midland.mi.us

21W-
 Permit No.

Box 1

Application for Water Well Permit

Private Well Type III Well
 Property Tax Code _____
 Township _____
 Name _____
 Address _____ City _____
 Zip _____ Section _____ Lot Size _____
 Subdivision _____ Lot # _____
 Owner (print) (same as above)
 E-Mail Address _____
 Mailing Address _____
 City _____ Zip _____
 Phone (Home) _____ (Work) _____

 _____ Existing Home _____ New Home

Type of Well Proposed: Drilled Driven Crock

Facility for: Home Mobile Home Business (specify)

Abandonment of Existing Well: Please be aware that state regulations governing well construction require any well that is being replaced and no longer used to be properly abandoned. Please have this complete within 60 days after completion of your new well. The county health department must be contacted for a follow-up on abandonment completion. More information on abandonment procedures is available from this office.

***NOTE: A Plot Plan is required. Include all permanent structures such as home, garage, drive, pool, pole barn, etc.**

Box 2

I hereby agree to install such facilities in conformance with the Regulations of Midland County, the laws of the State of Michigan, governing the same and in accordance with approved plans, Specifications and such other special conditions as may be indicated.

 (Signed) _____ (Date)
 Owner _____ Agent _____ Well Driller: License # _____

For Health Department Use Only

\$240.00 Renew \$75.00	Receipt No.	Date / Initials
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Permit: Approved Denied

Important: See Attached Letter Yes No

Permit is hereby given to _____
 (Name)

to construct a water supply system at the location indicated in Box 1 and according to the specifications listed below. The permit expires 12 months from the date of issuance.

Date: _____ by: _____
 (Authorized Agent)

Permit Conditions below:

Conditions stated herein and for the installation to be constructed in accordance with approved plans.

1. This Permit is not transferable as to Place.
2. Application and Plans as APPROVED shall not be Altered without specific written approval of the Health department.

Issuance of this permit does not assure satisfactory performance of system.

Bacterial Sampling by Law
is the Responsibility of the Home Owner. You should NOT drink this water until you have a safe bacteria sampling laboratory result.

BE SURE TO CONTACT THIS OFFICE FOR A FINAL INSPECTION UPON COMPLETION OF WELL AND PUMP INSTALLATION

Copies: Applicant Twp.

Rev 11/2/2020



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NOTICE: Contact MISS DIG (1-800-482-7171) at least 3 days prior to assessments or excavation. This department assumes no liability for damages caused while conducting an assessment.

Name: _____ Phone: _____

Mailing Address: _____ City: _____

Address or Location of proposed building site:

Township: _____ Section _____

In the space provided below, sketch your lot size (giving all dimensions), and include proposed location of house, well (if applicable), septic system, driveway, and any lake, river, stream, pond, county drain, drains to lower the water table, or other surface water. Also, show the exact location of any neighboring wells, septic systems, and underground drains/ tiles that may be within 50 feet of your property line. BE VERY SPECIFIC as to the relationship between the lot size, house layout and septic layout. GIVE EXACT DIMENSIONS. You may use the back of this form if necessary.

SITE PLAN

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N (please indicate with arrow)

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The above sketch and information listed is accurate and shows the layout of the property and any proposed construction. Any alteration(s) will need written approval by the Health Department.

Signature: _____ Date: _____

Evaluated by: _____ Date: _____