

# APPLICATION TO INSTALL WATER SUPPLY FACILITY

(SINGLE OR TWO FAMILY DWELLINGS ONLY)

TOWNSHIP: _____ SECTION No. : _____	APPLICANT: _____
PROPERTY ADDRESS: _____	ADDRESS: _____
LOCATED BETWEEN: _____ & _____	CITY: _____ STATE: _____ ZIP: _____
PROPERTY TAX ROLL N <sup>o</sup> .: _____	DAYTIME TELEPHONE: (    ) _____
LOT DIMENSIONS: _____ FRONTAGE X _____ DEEP (ACRES) _____	ALTERNATE TELEPHONE: (    ) _____
N <sup>o</sup> . OF BEDROOMS: _____ BASEMENT: _____	PRESENT OWNER: _____
COMMENTS: _____	ADDRESS: _____
_____	CITY: _____ STATE: _____ ZIP: _____
_____	TELEPHONE: (    ) _____

ALL INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(DO NOT WRITE BELOW THIS LINE)

## WATER SUPPLY PERMIT SPECIFICATIONS FOR A DRILLED WELL:

ALL WELL CONSTRUCTION SHALL MEET THE REQUIREMENTS OF PART 127 OF ACT 368 OF THE PUBLIC ACTS OF 1978.

NOTE: BLACK T & C CASING PROHIBITED • SEE GROUTING ADDENDUM:  Yes  No • DEVIATION REQUESTED:  Yes  No

CONTACT THE ENVIRONMENTAL HEALTH DIVISION FOR A WATER SAMPLE AND FINAL INSPECTION. PROPERLY ABANDON ANY EXISTING WELL NOT MEETING MINIMUM CONTRUCTION REQUIREMENTS OF PART 127, ACT 368 P.A. 1978 AS AMENDED.

THE ON-SITE WATER SUPPLY SYSTEM SHALL BE INSTALLED BY THE HOMEOWNER OR A WELL DRILLER REGISTERED IN THE STATE OF MICHIGAN.

\_\_\_\_\_  
(HEALTH DEPARTMENT REPRESENTATIVE)      DATE OF ISSUANCE: \_\_\_\_\_

REQUIRED FEES	YES	NO	AMOUNT	RECEIPT
WELL (New)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
(UPGRADE)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
LAB FEES	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>TOTAL</b>		<b>\$</b>	<b>\$</b> _____	_____

\* THIS INCLUDES UP TO 3 WATER SAMPLES. ADDITIONAL SAMPLES WILL BE AT APPLICANT'S / OWNER'S EXPENSE.

**THIS PERMIT EXPIRES ONE (1) YEAR FROM DATE OF ISSUANCE ( \_\_\_\_\_ )**  
**THIS PERMIT IS NOT TRANSFERABLE AS TO OWNER OR PROPERTY**

**LOCATION:** \_\_\_\_\_

**TOWNSHIP:** \_\_\_\_\_

**PERMIT N<sup>o</sup>:** \_\_\_\_\_

# **You Just Had A Water Well Drilled! What Do You Do Now?**

## **Well Driller Responsibility**

1. Adequately develop newly constructed well.
2. Chlorinate water well through the pressure tank.
3. Inform the owner/permit holder to contact the **Monroe County Health Department, Environmental Health Division (MCHD/EHD) (734) 240-7900** to schedule an appointment to inspect the well and collect water sample(s).

## **Owner/Permit Holder Responsibility**

1. Prior to using your water, run all taps (*inside and outside*) until you smell chlorine. Turn off all taps and allow chlorine to remain in system for an additional eight (8) hours without using the water.
2. After eight (8) hours run all taps until no chlorine odor can be detected. Run water to waste through a garden hose away from septic system.
3. Contact the **MCHD/EHD** at **(734) 240-7900** to schedule an appointment to have the water well inspected and sampled. Well inspection/water sampling is done Monday through Thursday.
4. **RUN** your water well continuously for 48 hours through an outside faucet away from your on-site sewage disposal system (if applicable) prior to the designated appointment time.
5. Maintain well rig access to the water well for future services.

## **Monroe County Health Department Responsibility**

1. Inspect the new well to insure it is of approved construction.
2. Sample the water from the sampling tap at the pressure tank.
3. Water sample(s) will be submitted to the MCHD/EHD Laboratory and tested within 24 hours. Results will be mailed to owner upon receipt.