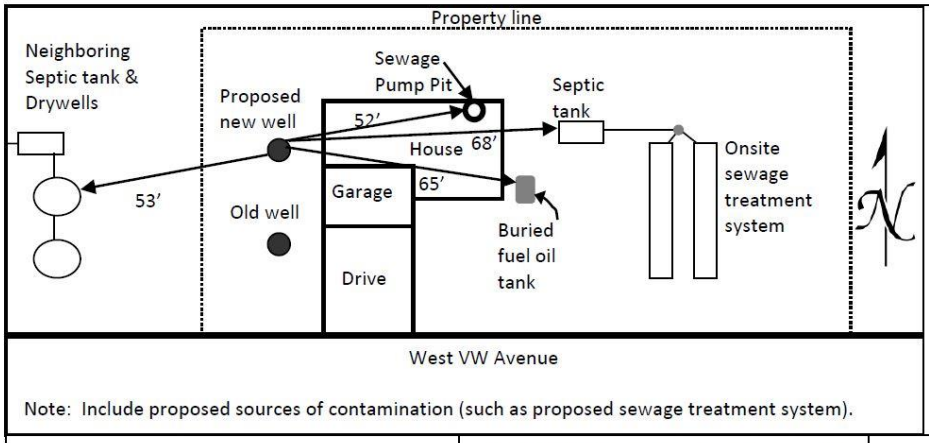
Instructions for Completing an On-Site Water Well Permit Application

***Note: If well will be pumping more than 70 GPM, a permit from our office is not needed and you will use the water withdrawl assessment tool found on EGLE's site.**

1. Fill out application completely. An incomplete or inaccurate application will be returned to you prior to our office initiating any work. This may delay the issuance of the permit. An example site plan is shown below:



Note: Include proposed sources of contamination (such as proposed sewage treatment system).

Site Plan Requirements:

- Proposed water well
- Existing water well(s)
- Distance from well to contamination sources (fuel oil, sewer line, septic system, barnyard, grinder/sewage pump basin or pit etc.)
- Buildings
- Roadways/Driveways
- Property Lines
- Surface Water
- Neighboring sources of contamination

Water Well Isolation Requirements:

	Private	Type III
Septic Tank/Drainfield/Drywell/Pump Pit:	50′	75′
Fuel Oil Tank:	50′	800′
Gravity Sewer Line:	10′	75′
Pressure Sewer Line:	50′	75′
Surface Water:	10′	75′

**Please contact our office for additional isolation requirements.*

2. Submit application and fee to:

   By Mail: Kalamazoo County Health & Community Services Department
   Environmental Health Unit
   311 East Alcott Street, Kalamazoo, MI 49001
   Ph: 269-373-5337

   By E-mail: ehincoming@kalcounty.com

3. Payment can be made by cash, checks payable to the *Kalamazoo County Health & Community Services Department* or by credit card. **Credit Card Payment:** For secure payment, submit the Credit Card Authorization Form to Kalamazoo County Environmental Health Unit by MAIL only.

4. The permit fee includes the analysis fees for a bacteriological and a nitrate sample and up to 4 site visits. Note: If more than four site visits are necessary a site visit fee of $110.00 will be charged. Appropriate laboratory costs will be incurred for each re-sampling visit necessary.

5. When your well is ready, contact the **Environmental Health Unit** at **269-373-5337** to make an appointment for inspection and sampling to ensure your water supply is safe for consumption.

6. To ensure the proper isolation between the proposed water well and any on-site sewage treatment system, it may be necessary for the owner to uncover the septic tank(s) and/or absorption area at your residence or your neighbor's residence(s) to complete the final inspection. This will be determined at time of the final inspection and water sampling.

   Your permit will be mailed (and faxed or e-mailed, if requested) to you upon completion, or you may indicate on the application form that you want to be contacted by phone to pick up your completed permit.

Application for an On-Site Water Well Permit

(Please print. Complete entire form to avoid a delay in permit issuance.)

Water system will serve / be used for (*check one*):

- ☐ Single Family Dwelling
- ☐ Duplex/Multi-Family Dwelling
- ☐ Heat Exchange (Geothermal)
- ☐ Irrigation (Less than 70 GPM)
- ☐ Test Well
- ☐ Industrial

Anticipated Drill Date: _____

For Office Use Only
Permit #:

Property Information:

Property Owner: _____ Property Owner Phone #: _____

Parcel / Tax ID#: _____ Property Owner E-mail: _____

Street Address: _____ Subdivision & Lot #: _____

City, State &Zip: _____ City/Village/Township: _____

Issue Permit To:

Name: _____ Contact Phone #: _____

Mailing Address: _____

City, State & Zip: _____

☐ Mail Permit to above address ☐ E-mail Permit to: _____

☐ Call me to pick up the Permit

Who should be contacted for Final Inspection (well construction inspection and water sample collection)?

Name: _____ Daytime Phone #: _____

Additional Information:

	Yes	No
☐ New Construction — If New Construction, is property part of a land division?	☐	☐
☐ Replacement (existing well) — If Replacement of existing well, are you out of water?	☐	☐
Is property currently/will be served by an onsite sewage system? If Yes, indicate on diagram below.	☐	☐
Does property contain above/underground fuel oil storage tank(s)?	☐	☐
Does dwelling/structure basement contain a grinder pump/sewage ejector basin/pit that receives water?	☐	☐

Property Development Plan:

Please provide a site sketch. Insert a PDF file by clicking on the box to the right, submit an additional sheet, or print and sketch in the box. For guidance, see the example on the "Instructions" sheet. Drawing need not be to scale. Show all applicable features (both proposed and existing):

- ☐ Road
- ☐ House
- ☐ Garage
- ☐ Drive
- ☐ Distances
- ☐ Neighboring Contamination Sources
- ☐ Property Lines
- ☐ North Arrow
- ☐ Fuel Oil Tank
- ☐ Sewage System
- ☐ Grinder Pump/Sewage Ejector Basin/Pit
- ☐ Water Well
- ☐ Surface Water

I hereby make application for an on-site water well permit. Attached is my application fee. I understand that payment of the non-refundable fee does not guarantee the issuance of a permit.

Applicant's Signature: _____ Date: _____

HCS - Environmental Health Unit
311 East Alcott Street
Kalamazoo, MI 49001

KALAMAZOO COUNTY GOVERNMENT
Health & Community Services Department

Phone: (269) 373-5337
Web: www.kalcounty.com/eh

Credit Card Payment Request

Please fully complete and SIGN this form and send it with the application.

Service Requested _____

Address of Property _____

Service Requested by _____

Cardholder's daytime phone number _____

Name of Credit Card Holder as it appears on the credit card:

_____
First Middle Last

Billing Address:

_____
Street Address City & State Zip Code

Costs for services (Environmental Health Unit Fee Schedule), applications, and instructions are located on the Kalamazoo County website at http://www.kalcounty.com/eh/licenses.htm. Costs for services can also be obtained by contacting Environmental Health Unit staff at (269) 373-5210.

Please charge the above credit card for the requested service(s).

Signature of Card Holder: _____ Date: _____
Kalamazoo County HCS EH, 311 East Alcott Street, Kalamazoo, MI 49001

_____ This shaded area is for office use only._____

____ Phone ____ Mail EH Staff Initials _____ Date _____

Authorization # _____ Dollar Amount $_____

Credit Card Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

V-Code: ___ ___ ___ The V-Code is the last 3 digits on the signature panel.

Expiration Date (Month & Year): ___ ___/___ ___ **MC** ☐ **Visa** ☐

Discover ☐ **AmEx** ☐

Environmental Health Unit Phone: (269) 373-5210
Web: www.kalcounty.com/eh