BERRIEN COUNTY HEALTH DEPARTMENT
better health. stronger communities.

For Office Use Only
Date:_____
Check#:_____
Receipt #:_____
Amount: $_____
Permit #:_____
Sanitarian:_____

2149 E Napier, P.O. 706
Benton Harbor, MI 49023
Phone: 269/927-5623

1205 North Front Street, Suite 900
Niles, MI 49120
Phone: 269/684-2800

Submit by Email:
environmentalhealth@bchdmi.org

FEE: $280.00

APPLICATION FOR A PRIVATE/TYPE III WATER SUPPLY PERMIT

APPLICATION TYPE: ☐ **Single Family** ☐ **Type III** ☐ **Other Describe:**_____
☐ **New** ☐ **Replacement** **Well Abandonment:**_____

TAX/PARCEL ID #: 11-_____ **–** _____ **–** _____ **–** _____ **–** _____

WELL PROPERTY ADDRESS:_____ **CITY:**_____ **ZIP:**_____

TWP:_____ **SECTION#:**_____ **SUBDIVISION:**_____ **LOT#:**_____

WELL OWNER:_____ **CONTACT PHONE#:**_____

MAILING ADDRESS:_____ **CITY:**_____ **ZIP:**_____

REGISTERED WELL DRILLER:_____ **PHONE#:**_____

I hereby apply for this permit and have authorization to do so. I understand this is a construction permit only, and that the well is not to be put into service until final approval has been granted. I further state the information given is accurate and complete. Payment of the non-refundable fee does not guarantee the issuance of a permit.

Applicant's Signature_____ **Date**_____

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

☐ Call me to pick up the Permit ☐ Fax Permit to:_____

Make a **DRAWING**, including dimensions, in the space provided below. Location in respect to all possible sources of contamination, including adjacent sewer lines, septic systems, and major sources of contamination. Indicate North.

NOTICE: After well construction is completed, a water well and pump record must be submitted and approved by BCHD. Please notify BCHD for a final inspection of the water supply. Safe water sample results must be received by BCHD prior to the granting of final approval.