



**Sanilac County Health Department**  
**Environmental Health Division**  
 171 Dawson Street, Suite 123, Sandusky, MI 48471  
 Phone: 810-648-4098 Ext 124 Fax: 810-648-2646

Date Paid	_____
Amount Paid	_____
Cash - Cr. Card - Ck #	_____
Receipt Number	_____
Paid By	_____
Permit Number	_____

**WELL PERMIT APPLICATION**

*Application expires one year from date of submittal*

**\*\* REQUIRED - MUST BE FILLED IN COMPLETELY TO PROCESS APPLICATION - REQUIRED \*\***

**PROPERTY INFORMATION**

Property Tax ID # \_\_\_\_\_ Township \_\_\_\_\_ Section# \_\_\_\_\_  
 Site Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Direction from nearest crossroads \_\_\_\_\_ On what side of road: North   
 Property Size: Road Frontage \_\_\_\_\_ Depth \_\_\_\_\_ Acres \_\_\_\_\_ South   
 Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_ East   
 West

**LANDOWNER INFORMATION**

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 1st Phone # \_\_\_\_\_ 2nd Phone # \_\_\_\_\_  
 EMAIL Permit to \_\_\_\_\_ OR Mail Permit to this address Yes \_\_\_ No \_\_\_

**APPLICANT INFORMATION IF OTHER THAN LANDOWNER**

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 1st Phone # \_\_\_\_\_ 2nd Phone # \_\_\_\_\_  
 EMAIL Permit to \_\_\_\_\_ OR Mail Permit to this address Yes \_\_\_ No \_\_\_

**WATER PERMIT INFORMATION**

Application For: New \_\_\_\_\_ Replacement \_\_\_\_\_ Well Driller: \_\_\_\_\_  
 Abandon Existing Well Y/N If no explain why you want to keep: \_\_\_\_\_

*Existing well must be brought up to current code or abandoned by approved plugging method.*

**TYPE OF WELL:** Residential \_\_\_\_\_ Hauled Water \_\_\_\_\_ Irrigation \_\_\_\_\_ Type II \_\_\_\_\_ Type III (Class A Dairy) \_\_\_\_\_

**Contaminates on Property:** Gasoline Tank: Yes or No Fuel Oil: Yes or No Sewage Injector Pump: Yes or No  
 Other Chemical Storage: Yes or No **IF YES:** what size \_\_\_\_\_ gallons **Provide location on site drawing** (propane tanks are excluded)  
 Does your laundry water empty into a sump chamber: Yes or No

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Application Date

*The following documents must be submitted with this application. Please follow instruction sheet carefully*

- Detailed scaled site plan
- Legal Description
- Payment

*This is NOT a permit. Any installation prior to the issuance of a permit will result in a fee (3) times the basic permit fee. I hereby certify the above information is accurate and that payment of the NON-REFUNDABLE application fee does not guarantee the issuance of a permit. All above information must be provided or the application will be returned to you as incomplete and will not be processed.*