

VAN BUREN/CASS COUNTY DISTRICT PUBLIC HEALTH DEPARTMENT

Van Buren County Office
 57418 CR 681, Suite A
 Hartford, MI 49057
 (269) 621-3143
 Check Payable To: VBCHD

Cass County Office
 201 M-62 North
 Cassopolis, MI 49031
 (269) 445-5280
 Check Payable to: CCHD

Permit For: New Well \$125, Replace Existing Well \$125, Hook-up to Existing Well \$125, Business/Migrant Housing Well \$125

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|--|
| For Health Department Use Only |
| WELL# _____ Well Permit Number |
| _____ Corresponding Sewage Permit No. |

APPLICATION AND PERMIT TO INSTALL A PRIVATE OR TYPE III WATER SUPPLY

| |
|--------------------------------|
| For Health Department Use Only |
| _____ Today's Date |
| _____ Receipt Number |

OWNERS NAME _____ MAILING ADDRESS _____ CITY/STATE _____ ZIP _____

PHONE # _____ Location of Well TOWNSHIP _____ SECTION _____ SUBDIVISION NAME _____ LOT _____

WELL CONTRACTOR'S NAME _____ LOCATION OF WELL _____
Address/Street/Avenue

(Direction to Property)

APPLICANT'S SIGNATURE _____

(For Health Department Use Only – Do Not Write In Shaded Area)

Date of Evaluation _____ Office Review On-site Review Date of Permit Issuance: _____
Public Health Sanitarian

Permit Conditions / Deviations: _____

FINAL INSPECTION

WELL:
 CASING TERMINATION APPROVED: YES NO
 LOCATION APPROVED: YES NO
 CONSTRUCTION APPROVED: YES NO

PUMP:
 SUBMERSIBLE
 DEEP WELL JET
 SHALLOW WELL JET
 HAND PUMP
 SAMPLE TAP: YES NO
 WELL RECORD RECEIVED: _____

TEST RESULTS:
 BACTERIOLOGIC _____ NITRATE _____ MG/L
 SAMPLE DATE COLLECTED _____
 2nd Bacteriologic _____, 3rd Bacteriologic _____
 Sample Collected by: Sanitarian Other

CONSTRUCTION FINAL DATE: _____

WATER SUPPLY APPROVED:
 DATE: _____ BY _____
(Health Department Representative)

White -- LHD
 Pink -- Owner
 Canary -- Driller

Revised 6-29-09

SCALE DRAWING: Make a SCALE DRAWING, including dimensions, in the space provided below. Locate all possible sources of contamination.

NORTH

Rule 161(3) of Part 127 of Act 368 states:
 (3) The water supply owner shall be responsible for collecting the water sample. The well drilling contractor or pump installer shall notify the water supply owner of the owner's responsibility for collecting the water sample.

PERMITS ARE VALID FOR ONE YEAR