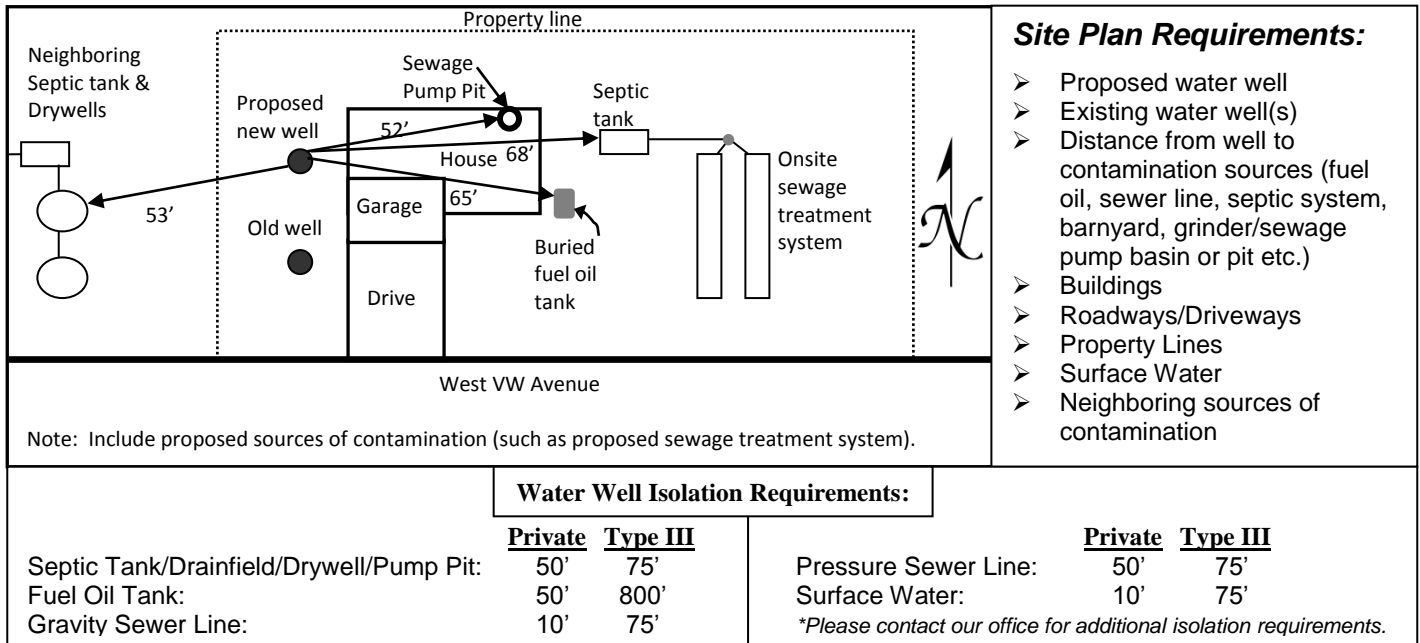


Instructions for Completing a Private/Type III Water Supply Permit Application

- 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:



- Submit application and [fee](#) to:

By Mail: Kalamazoo County Health & Community Services Department
Environmental Health
P.O. Box 42 Nazareth, MI 49074-0042
Ph: 269-373-5337

By Fax: 269-373-5333

By E-mail: ehincoming@kalcounty.com

- 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 by FAX or MAIL only.**
- 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 \$90.00 will be charged. Appropriate laboratory costs will be incurred for each re-sampling visit necessary.
- When your well is ready, contact **Environmental Health** at **269-373-5337** to make an appointment for inspection and sampling to ensure your water supply is safe for consumption.
- To ensure the 50-foot isolation between the water supply and any onsite 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 a Private/Type III Water Supply Permit

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

Water system will serve / be used for (ej genlqpg):

- Single Family Dwelling
- Duplex/Multi-Family Dwelling
- Other, Please Describe: _____

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 Fax Permit to: _____

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

Name: _____ Daytime Phone #: _____

Additional Information:

- | | Yes | No |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Replacement (existing well) | <input type="checkbox"/> | <input type="checkbox"/> |
| Is property currently/will be served by an onsite sewage system? If Yes, indicate on diagram below. | <input type="checkbox"/> | <input type="checkbox"/> |
| Does property contain above/underground fuel oil storage tank(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you be pumping more than 70 gallons/minute (GPM) from all water wells on this property? | <input type="checkbox"/> | <input type="checkbox"/> |

*If Yes, you will need to use the Water Withdrawal Assessment Tool, refer to www.michigan.gov/deqwateruse

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):

- | | |
|--|--|
| <input type="checkbox"/> Road | <input type="checkbox"/> North Arrow |
| <input type="checkbox"/> House | <input type="checkbox"/> Fuel Oil Tank |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Sewage System |
| <input type="checkbox"/> Drive | <input type="checkbox"/> Grinder |
| <input type="checkbox"/> Distances | <input type="checkbox"/> Pump/Sewage Ejector |
| <input type="checkbox"/> Neighboring Contamination Sources | <input type="checkbox"/> Basin/Pit |
| <input type="checkbox"/> Property Lines | <input type="checkbox"/> Water Well |
| | <input type="checkbox"/> Surface Water |

I hereby make application for a water supply system permit. Attached is my application fee (private or Type III). I understand that payment of the non-refundable fee does not guarantee the issuance of a permit.

Applicant's Signature: _____ Date: _____



MasterCard, Visa, or Discover Card Payment Request

For secure payment, submit this form to Kalamazoo County Environmental Health by FAX or MAIL only. 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 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 staff at (269) 373-5210.

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

Signature of Card Holder: _____ Date: _____

Kalamazoo County HCS Environmental Health Fax number and Address: (269) 373-5333

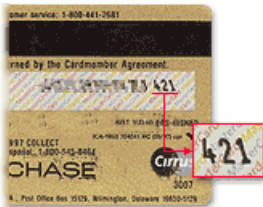
Kalamazoo County HCS EH, P.O. Box 42, Nazareth, Michigan 49074-0042

_____ This shaded area is for office use only. _____

_____ Phone _____ Fax _____ Mail _____ EH Staff Initials _____ Date _____

Authorization # _____ Dollar Amount \$ _____

Credit Card Number:



V-Code: _____

The V-Code is the last three digits on the signature panel.

Expiration Date (Month & Year): ____/____/____ MC ____ Visa ____ Discover ____

Health & Community Services Department
Environmental Health Unit
3299 Gull Road
Kalamazoo, MI 49048-0042



KALAMAZOO COUNTY GOVERNMENT
In the Pursuit of Extraordinary Governance...

Phone: (269) 373-5337
Fax: (269) 373-5333
Web: www.kalcounty.com/eh