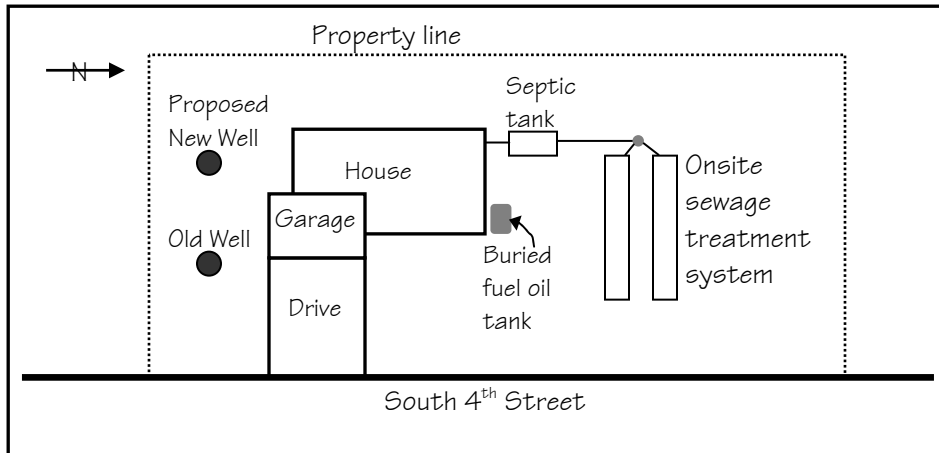


Instructions for Completing a Private Water Supply Permit Application

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:



2. Submit application and \$134.25 fee (includes bacteriological and nitrate water samples) for private/residential well or \$148.50 (includes two mandatory bacteriological and a nitrate samples) for a Type III (multiple dwellings or business) to:
Kalamazoo County Health & Community Services Department
Nazareth Complex
Environmental Health Division
P.O. Box 42
Nazareth, MI 49074-0042
3. Payment can be made with cash, check (payable to *Kalamazoo County Health & Community Services Department*), or credit card.
4. The permit fee includes the analysis fees for a bacteriological and a nitrate sample. Note: If re-sampling of the well is necessary, an additional sample collection fee plus appropriate laboratory costs will be incurred for each re-sampling visit necessary.
5. When your well is ready, contact the **Environmental Health Division** 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 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, 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.



Attractive landscaping protects a 12-inch high wellhead.

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 (check one):

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

For Office Use Only

Permit #: _____

Property Information:

Parcel / Tax ID #: _____
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 | If New Construction, is property part of a land division? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Replacement (existing well) | If Replacement of existing well, are you out of water? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is property currently served by an onsite sewage system? If Yes, indicate on diagram below. | | <input type="checkbox"/> | <input type="checkbox"/> |
| Does property contain above/under ground 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:

Sketch property features in box or submit an additional sheet. For guidance, see the example on the "Instructions" sheet. Drawing need not be to scale. **Show all applicable features:**

- Road North Arrow
 House Fuel Oil Tank
 Garage Proposed or Current
 Drive Sewage System
 Water Well

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

To pay for Kalamazoo County Environmental Health Services by fax or mail using a credit card, **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 _____

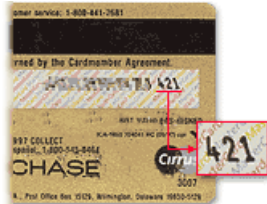
Name of Credit Card Holder as it appears on the credit card:

First Middle Last

Billing Address:

Street Address City & State Zip Code

Credit Card Number:



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

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

Costs for services (Environmental Health Fee Schedule), applications, and instructions are located on the Kalamazoo County website at <http://kalamazoo.com/eh/forminfo.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

_____ **The area below is for office use only.** _____

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

Authorization # _____ **Dollar Amount \$** _____