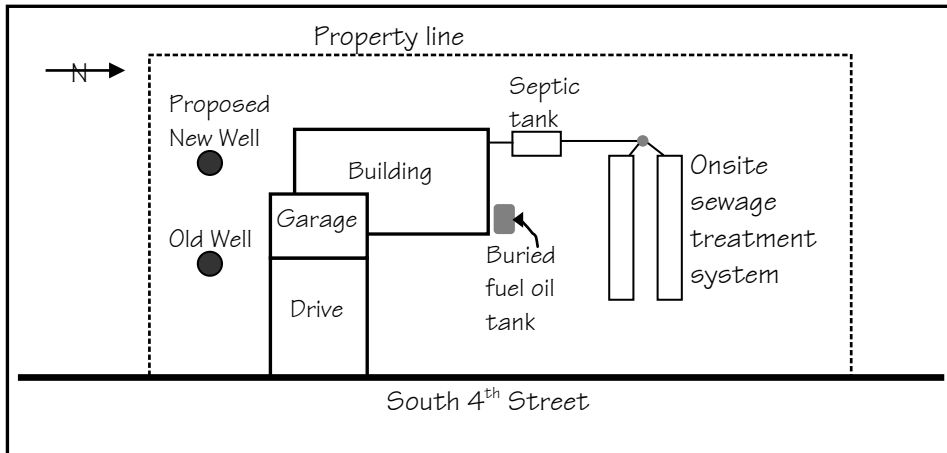


Instructions for Completing a Type III Water Supply Permit Application

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 \$156.50 (includes two mandatory bacteriological and partial chemical water 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 two bacteriological and a partial chemical sample. The partial chemical test includes the following parameters: Iron, sodium, nitrate, nitrite, hardness, chloride, fluoride and sulfate. 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 75-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.)

For office use only:

Appl # _____

Building Type: Single Family Dwelling Duplex Other _____

Property Information:

Parcel or Tax ID # _____ For new construction, is property a land division? Yes No

Street Address _____

Township _____ Subdivision _____ Lot # _____

Applicant Information:

Applicant/Agent _____ Daytime tele. # (s) _____

Mailing Address (street) _____

(city/state) _____ (zip) _____

Mail permit to (street) _____

(city/state) _____ (zip) _____

Fax permit to (fax number) _____ Call me to pick up permit.

Additional Information: New construction –or– Replacement of existing well

If a replacement well, will the old well be utilized? No Yes (what use: _____)

If a replacement well, where is the existing well located? _____

Are you currently out of water? Yes No Is municipal water available? Yes No

Will property be served by an onsite sewage treatment system? Yes (please sketch location below) No

Does property contain a fuel storage tank (other than LP/propane gas tank)? Yes No

If yes, tank is located: In basement Aboveground Underground Volume: _____ gallons

Will you be pumping more than 70 gallons per minute (gpm) combined from this well and any other wells on this property (average household well pumps 10-15 gpm)? Yes No

If yes, additional information will be provided to you, and you may be subject to additional requirements prior to permit issuance

Property Development Plan (Sketch property features in box below or submit an additional sheet. For guidance, see the example on the “Instructions” sheet. Drawing need not be to scale.)

Include these features on the property sketch, if applicable:

- Road
- House
- Garage
- Drive
- North arrow
- Fuel oil tank
- Sewage treatment system (proposed or current)
- Water well

I hereby make application for a water supply system permit. Attached is my remittance of \$142.25 (private) or \$156.50 (Type III). I understand that payment of the non-refundable fee does not guarantee the issuance of a water supply system 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 _____

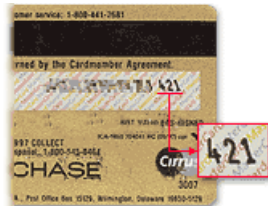
Name of Credit Card Holder as it appears on the credit card:

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 \$ _____