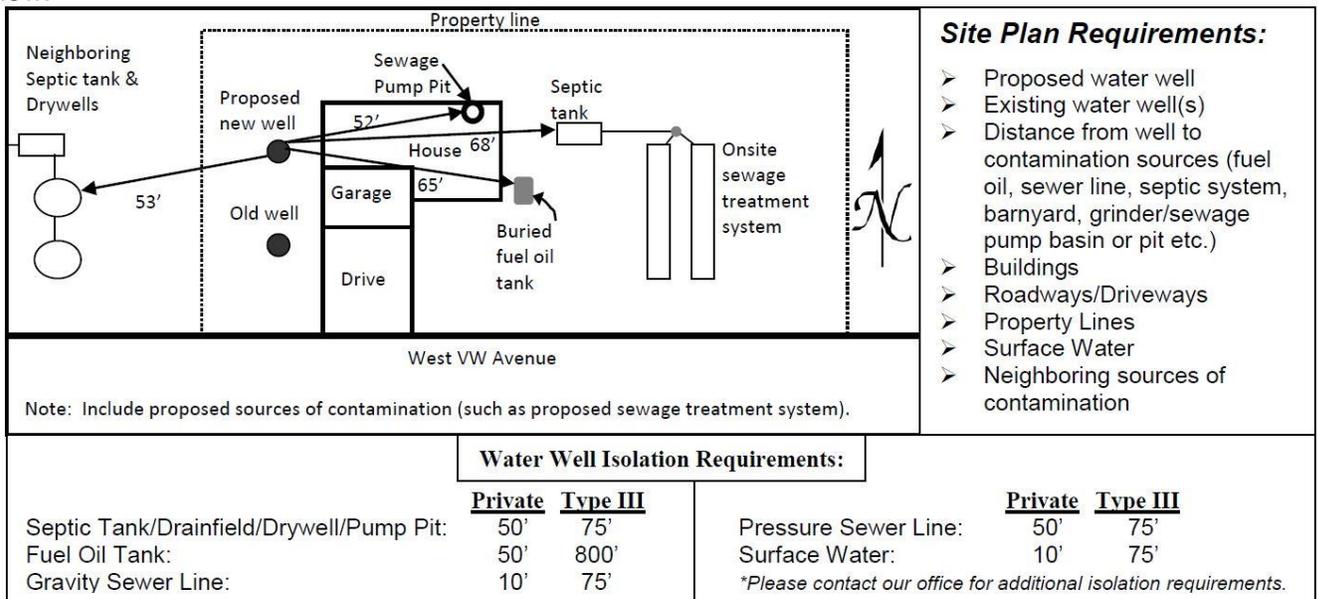


## Instructions for Completing an On-Site Water Well Permit Application

- 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 Unit  
311 East Alcott Street, Kalamazoo, MI 49001  
Ph: 269-373-5337

**By Fax:** 269-373-5333

**By E-mail:** [ehincoming@kcalcounty.com](mailto:ehincoming@kcalcounty.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 Unit 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 the **Environmental Health Unit at 269-373-5337** to make an appointment for inspection and sampling to ensure your water supply is safe for consumption.
- To ensure the proper isolation between the proposed water well and any on-site 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 an On-Site Water Well 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
- Heat Exchange (Geothermal),

- Irrigation\*
- Test Well\*
- Industrial\*

\*Permit required if pump capacity is less than 70 gallons per minute.

\*\*\*\*\*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:**

- |   |   |                          |                          |
|---|---|--------------------------|--------------------------|
| <input type="checkbox"/> New Construction   | If New Construction, is property part of a land division? | Yes                      | No                       |
| <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/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](http://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 an on-site water well permit. Attached is my application fee. 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 Wpk/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 Wpk/Fee Schedule), applications, and instructions are located on the Kalamazoo County website at <https://www.kalcounty.com/hcs/eh/fees.htm>. Costs for services can also be obtained by contacting Environmental Health Wpk/staff at (269) 373-5210.

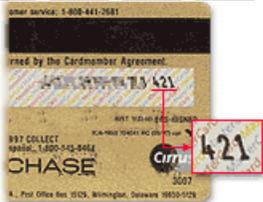
Please charge the above credit card for the requested service(s).

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_  
Kalamazoo County HCS Environmental Health Wpk/Fax number and Address: (269) 373-5333  
Kalamazoo County HCS EH, 311 East Alcott Street, Kalamazoo, MI 49001

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 \_\_\_\_\_

