



SHIAWASSEE COUNTY
HEALTH DEPARTMENT
Promoting Wellness. Protecting Health.

201 N. Shiawassee St., 3rd Floor, Corunna, MI 48817
 Phone: 989-743-2390 / Fax: 989-743-2413
<http://health.shiawassee.net>

Application Number

Receipt #

Amt. Pd.

Date Received

Application for Well Permit

- New Build Replacement
 Drinking Water Other

Well Location Address _____ Township _____ Sec. No. _____ Tax/Property ID # _____

Landowner's Name _____ Mailing Address _____ City _____ State _____ Zip Code _____

Phone _____ Email _____

Natural Gas? YES NO Underground Fuel / Gas Storage Tank YES NO
 Propane Tank? YES NO Aboveground Fuel / Gas Storage Tank YES NO

Well Driller _____ Driller's Address _____ Phone _____

I hereby apply for this permit and have authorization to do so. I understand that this is a construction permit only, and we should not drink the water until final approval has been granted. I further state the information given is accurate and complete.

Applicant Signature: _____ Email: _____

Address: _____ Phone: _____

Plot plan: Site sketch for new and replacement wells showing well location, septic system or sewer lines, lot lines, prominent landmarks, etc.

Lot Size: Dimensions _____ Number of Acres _____ Building Faces: N W S E

Setbacks in feet: Front – from center line of road _____ Rear – from property line _____
 Right Side _____ Left Side _____

Indicate positions of other structures and utilities

Center Line of Road or Street