

**Shiawassee County Health Department  
Environmental Health Division**

New Build  Replacement - Existing  
 Drinking Water  
 Other

201 N. Shiawassee St.  
Corunna, MI 48817  
Telephone (989) 743-2390  
Fax (989) 743-2413

Well Permit No. \_\_\_\_\_  
Not Valid Unless Approved  
Receipt No. \_\_\_\_\_ Amt. Pd. \_\_\_\_\_  
Date Pd. \_\_\_\_\_

Sewage Permit No. \_\_\_\_\_

**Well Application**

**Tax I.D./Parcel I.D. #** \_\_\_\_\_

Well location address (If issued) road name \_\_\_\_\_ Township \_\_\_\_\_ Section # \_\_\_\_\_ Subdivision Name \_\_\_\_\_ Lot Number \_\_\_\_\_

Owners Name: \_\_\_\_\_ Mailing: \_\_\_\_\_  
House Number Street City State Zip Code

Phone # ( ) \_\_\_\_\_

Natural Gas? Yes  No       Underground Fuel/Gas Storage Tank Yes  No   
Propane Tank? Yes  No       Aboveground Fuel/Gas Storage Tank Yes  No

Installed by: Owner/Well Driller: \_\_\_\_\_ Driller's Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**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's Signature **X** \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

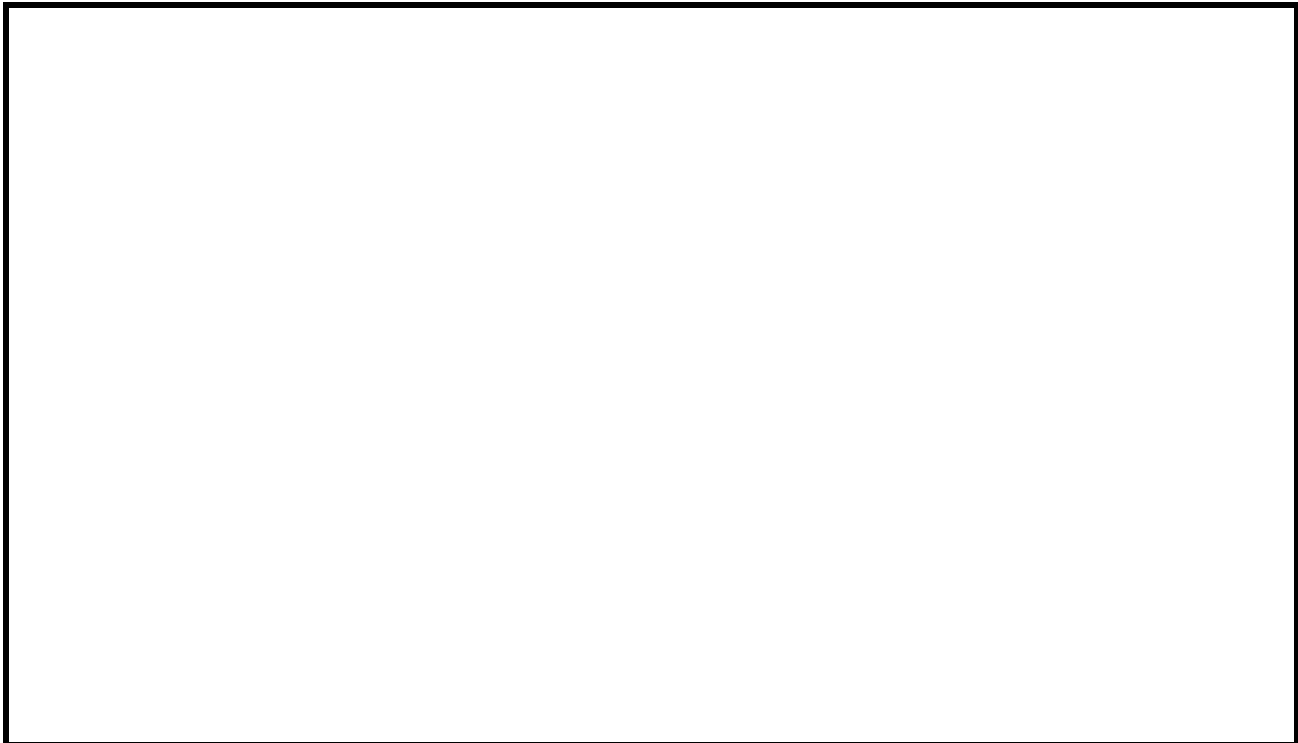
Address \_\_\_\_\_  
House Number Street Name City State Zip Code

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

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

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

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