Shiawassee County Health Department

Environmental Health Division

[ ] New Build [ ] Replacement - Existing
[ ] Drinking Water
[ ] Other

Sewage Permit No._____

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._____

Well Application

_____ 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 [ ]
Propane Tank? Yes [ ] No [ ]

Underground Fuel/Gas Storage Tank Yes [ ] No [ ]
Aboveground Fuel/Gas Storage Tank Yes [ ] No [ ]

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

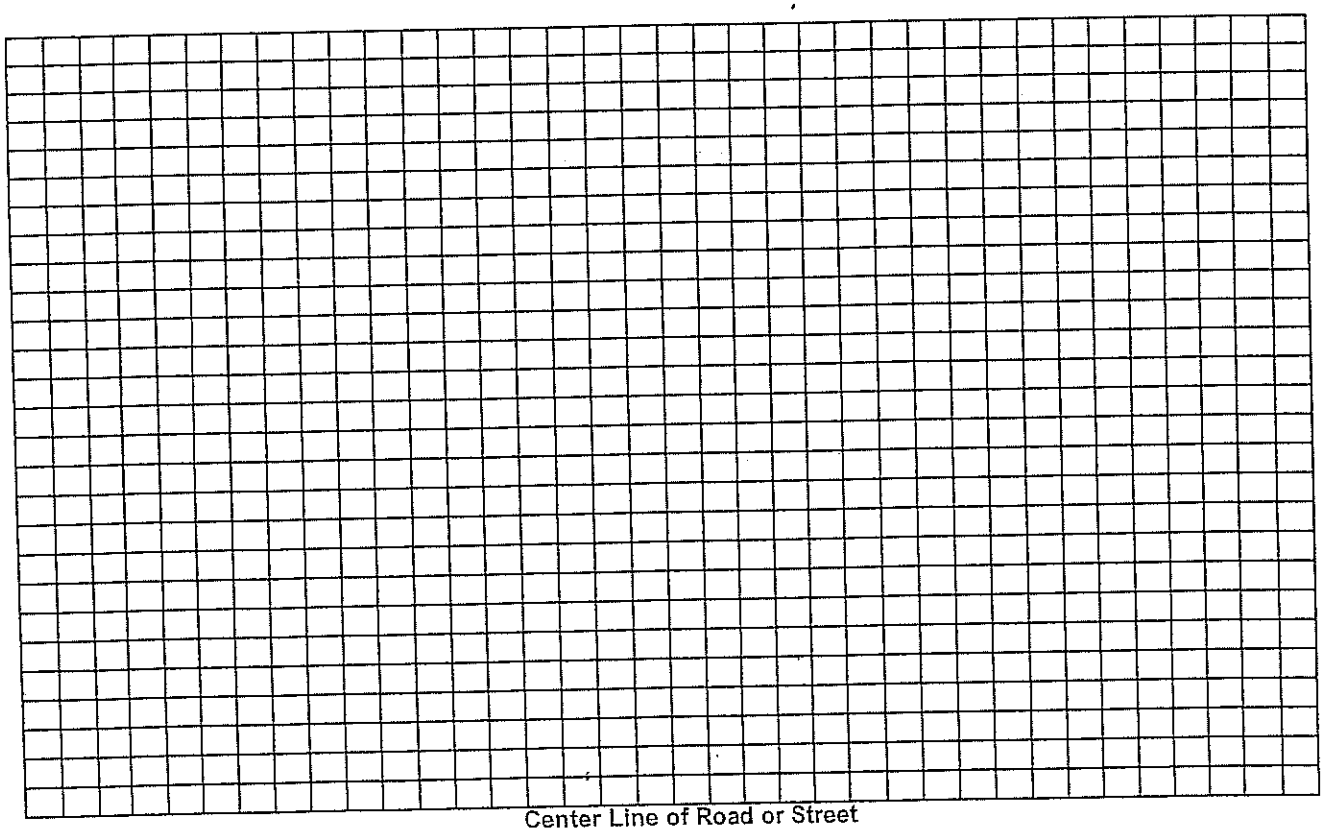
I hereby apply for this permit and have authorization to do so. I understand that this is a construction permit only, and we should not drink the water until final approval has been granted. I further state the information given is accurate and complete.

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. **Your Scale: One square equals _____ Ft.**

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