



BERRIEN COUNTY HEALTH DEPARTMENT
better health. stronger communities.

2149 E Napier, P.O. 706
Benton Harbor, MI 49023
Phone: 269/927-5623

1205 North Front Street, Suite 900
Niles, MI 49120
Phone: 269/684-2800

Submit by Email:
environmentalhealth@bchdmi.org

For Office Use Only
Date: _____
Check#: _____
Receipt #: _____
Amount: \$ _____
Permit #: _____
Sanitarian: _____

FEE: \$250

APPLICATION FOR A PRIVATE/TYPE III WATER SUPPLY PERMIT

APPLICATION TYPE: Single Family Type III Other Describe: _____
 New Replacement Well Abandonment: _____

TAX/PARCEL ID #: 11- _____ - _____ - _____ - _____

WELL PROPERTY ADDRESS: _____ CITY: _____ ZIP: _____

TWP: _____ SECTION#: _____ SUBDIVISION: _____ LOT#: _____

WELL OWNER: _____ CONTACT PHONE#: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

REGISTERED WELL DRILLER: _____ PHONE#: _____

I hereby apply for this permit and have authorization to do so. I understand this is a construction permit only, and that the well is not to be put into service until final approval has been granted. I further state the information given is accurate and complete. Payment of the non-refundable fee does not guarantee the issuance of a permit.

Applicant's Signature _____ Date _____

- Mail Permit to above address E-mail Permit to: _____
- Call me to pick up the Permit Fax Permit to: _____

Make a **DRAWING**, including dimensions, in the space provided below. Location in respect to all possible sources of contamination, including adjacent sewer lines, septic systems, and major sources of contamination. Indicate North.

NOTICE: After well construction is completed, a water well and pump record must be submitted and approved by BCHD. Please notify BCHD for a final inspection of the water supply. Safe water sample results must be received by BCHD prior to the granting of final approval.