LAPEER COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1800 Imlay City Rd., Lapeer, MI 48446

Computer ID _____
Receipt # _____
Ledger # _____ Fee _____

WELL PERMIT APPLICATION

Application expires one year from date of submittal

REQUIRED

PROPERTY INFORMATION

Property tax ID# _____ Township _____

Road/Address _____ Section# _____

Lot/Parcel #_____ Parcel size_____

Subdivision name _____

LANDOWNER INFORMATION

Name _____Address_____

City_____ State_____ Zip_____

Email Address: _____ Day phone # _____

EMAIL OF RESPONSIBLE PARTY [OWNER OR APPL]_____

If other than owner

APPLICANT INFORMATION

Name _____Address_____

City_____ State_____ Zip_____

Day time phone #_____

Email Address: _____

WELL PERMIT INFORMATION

Application for: New☐ Replacement☐ Type III☐ Irrigation☐ [crops only]
Other ☐ [wells associated with pole barns, out buildings, animal watering]

Type of Heat: Propane☐ Gas☐ Fuel Oil☐ Other (specify)_____

- **A SITE PLAN IS REQUIRED. Submit a drawing with distances and sizes in feet, of actual or proposed [if new] all buildings, septic field location, well location, include severe slopes and any waterways.**
- **WELL APPLICATIONS MUST BE BROUGHT TO OUR OFFICE as we must give you sample collection bottles.**
- **WELL OWNER'S ARE REQUIRED BY LAW TO SUBMIT AN APPROVED BACTERIOLOGICAL WATER SAMPLE. LAPEER COUNTY HAS HIGH ARSENIC LEVELS NATURALLY OCCURRING IN GROUNDWATER. YOU ARE STRONGLY ENCOURAGED TO TEST YOUR WELL FOR ARSENIC.**

The information provided on this application is true and correct to the best of my knowledge. I understand the well owner must complete a coliform bacteria sample and should complete an arsenic sample.

Signature_____ Date _____