DIRECTIONS FOR COMPLETING A PRIVATE WATER SUPPLY PERMIT APPLICATION

1. Fill out the enclosed application COMPLETELY. The application will not be processed until the fee is paid and the application is properly completed. Incomplete applications will be returned. The Parcel Identification Number (Tax ID Number), Township, Town, Range, and Section Number MUST also be provided. This information is available from the County’s Equalization Office. Also be sure to include the subdivision/condominium name and lot number if available.

2. Draw an accurate site plan with measurements. Please see the Helpful Hints for Completing a Site Plan. It is also recommended that the applicant supply a copy of any property survey, land division approval, subdivision plat or any related property documents they may have. If pertinent site features have not been identified, another site visit may be necessary which could delay the review process.

3. Be sure the road directions to the property are complete and clear.

4. The application MUST be signed by the applicant and dated.

5. Return the completed application, site plan, and appropriate fee to the District Health Department #4 office in your county.

6. Mark the proposed well location with a site flag.

7. Mark the septic system with a site flag.

8. Mark the site driveway with a site flag.

9. Applications will be processed in the order in which they are received. A representative will contact you if additional information is needed.

Information about DHD4 and the Private Water Supply Program may be obtained at www.dhd4.org

If you have any questions, do not hesitate to contact us at:

Alpena County 989-356-4507
Cheboygan County 231-627-8850
Montmorency County 989-785-4428
Presque Isle County 989-734-4723

District Health Dept #4
Providing A Healthier Tomorrow Since 1930
APPLICATION MUST BE FILLED OUT COMPLETELY AND PAID FOR TO PROCESS!

Property Owner ___________________________ Ph.# __________________
Mailing Address: _____________________________________________
Street City State Zip

Applicant ___________________________ Ph.# __________________
Mailing Address: _____________________________________________
Street City State Zip

Email Address: _____________________________________________

Driller ___________________________ Ph.# __________________
Mailing Address: _____________________________________________
Street City State Zip

SITE INFORMATION
Check One: New Well ( ) Replacement Well ( ) Extensive Well Changes ( )

Tax ID # ___________________________
Property Address _____________________________________________
Street City State Zip

Township ___________________________ Town_____ N Range_______ E/W Section_____
Lot Size ‘X’ Acreage ___________ Septic Permit # __________________
Subdivision ___________________________ Lot # __________________
Directions To Site: ___________________________

Description of Project: _____________________________________________

Well Type: Residential ( ) Irrigation ( ) Geothermal ( )

Send Permit To: _____________________________________________
Address: ________________________________
Email Address: __________________________

I certify I am the property owner or their authorized designated representative and I certify this information to be true and accurate. I have also completed and submitted an accurate site plan. If a situation arises that requires alteration of this site plan DHD#4 shall be notified and written approval obtained prior to construction.

Signature of Applicant X ___________________________ Date ___________

FEE $ Chk. # Rcpt. # Date Received By ___________________________

DHD No. 4 EH-81 R-04/17
DISTRICT HEALTH DEPARTMENT NO. 4
SITE PLAN
(Proposal)

Date __________________________ Onsite Sewage Permit # ______________________

Water Well Permit # __________________________

Owner Name __________________________________________

Applicant Name ______________________________________

Include: Lot dimensions, building, driveways, easements, water well, septic area and a
replacement area, surface water, soil boring locations, etc.

Site plan accepted □ Site plan revised □ __________________________ Date: ______________

DHD No. 4 EH-98 R-07/02

Original - w/Septic Permit  Yellow - w/Water Permit  Pink - Owner/Applicant Septic  Gold - Owner/Applicant Water
HELPFUL HINTS FOR PREPARING A SITE PLAN

1. In the space provided, draw an accurate dimensional site plan.
2. Include all existing and proposed features including garages, homes, sheds, neighboring and buried wells within 100 ft., septic tank/drainfield, driveways, ditches, utility or access easements, lot lines, swimming pools, buried utility lines, areas of flooding, subsurface drain tile, and any other significant details. Show natural features such as springs, streams, swamps, run-off areas and steep slopes.
3. Additional information which may be helpful to locate the site and test hole(s). (i.e. other structures on property, landmarks, trees)
4. Site plan drawing should be to scale (example: 1/4 inch = 10 ft.)
5. Locate replacement area of equal size.

<table>
<thead>
<tr>
<th>Isolation From</th>
<th>Septic Tank</th>
<th>Disposal Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Groundwater Table</td>
<td>NA</td>
<td>24&quot;</td>
</tr>
<tr>
<td>*Foundation or Basement</td>
<td>5'</td>
<td>10'</td>
</tr>
<tr>
<td>*Property Lines</td>
<td>10'</td>
<td>10'</td>
</tr>
<tr>
<td>*Surface Water, Lake, Stream</td>
<td>75'</td>
<td>100'</td>
</tr>
<tr>
<td>*Residential Water Supply</td>
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<td></td>
</tr>
<tr>
<td>Suction Line</td>
<td>50'</td>
<td>50'</td>
</tr>
<tr>
<td>*Ditch or Drainline:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuous Flow</td>
<td>75'</td>
<td>75'</td>
</tr>
<tr>
<td>Intermittent Flow</td>
<td>50'</td>
<td>50'</td>
</tr>
<tr>
<td>*Bank, Drop-off</td>
<td>10' *</td>
<td>20'</td>
</tr>
<tr>
<td>*Water Supply Pressure Line</td>
<td>10'</td>
<td>10' **</td>
</tr>
</tbody>
</table>

*Slopes exceeding 25%
**Not specified in regulations, but may be included as a permit condition to protect water lines.

Note: Please check your deed restrictions for your subdivision/condominium as it may be more restrictive than the local health department requirements.