

ALLEGAN COUNTY HEALTH DEPARTMENT
3255 122ND Ave Suite 200
Allegan MI 49010
Phone 269 673-5415 Fax 269 673-4172

PERMIT APPLICATION FOR PRIVATE WATER SUPPLY SYSTEM

APPLICANT/OWNER

LOCATION OF PROPERTY

Name: _____

Address: _____

Address: _____

Township/Section: _____

City: _____

Parcel #: _____

Phone #: _____

WATER WELL PERMIT INFORMATION (\$125.00 FEE)

New or Replacement _____ Is municipal water available? YES NO

IS THERE A FUEL STORAGE TANK ON SITE, EITHER IN BASEMENT OR BELOW GROUND?

YES NO LOCATION OF TANK: _____

NAME OF WELL DRILLER: _____

**PLEASE SUBMIT A DRAWING INCLUDING THE LOCATION OF THE REPLACEMENT WELL,
EXISTING WELL, FUEL TANKS AND SEWAGE SYSTEM.**

Applicant's Signature: _____ Date: _____

APPLICATION WILL NOT BE PROCESSED UNTIL COMPLETED, SIGNED AND RETURNED WITH APPROPRIATE FEE.