



DELTA CHARTER TOWNSHIP
 Engineering Department
 7710 West Saginaw Highway
 Lansing, Michigan 48917
 Phone: (517) 323-8540 Fax: (517) 323-8599

PRIVATE WELL LICENSE
APPLICATION

APPLICANT: Name: _____
 (Last) (First) (M.I.)

Address: _____
 (No. & Street) (City) (State) (Zip)

Phone Nos: _____
 (Work) (Home) (Cell) (Fax)

Email: _____

OWNER: Name: _____
 (Last) (First) (M.I.)

Address: _____
 (No. & Street) (City) (State) (Zip)

Phone Nos: _____
 (Work) (Home) (Cell) (Fax)

Email: _____

SUBJECT PARCEL ADDRESS: _____ **PARCEL TAX ID:** _____

REQUESTING LICENSE FOR: NEW WELL EXPANSION OF EXISTING WELL

PRESENT USE OF PROPERTY: _____

STATE REASON FOR PRIVATE WELL REQUEST: _____

PROPOSED PUMP CAPACITY OF NEW WELL: _____ GPM

EXISTING WELLS ON SITE? YES NO **IF YES, DIAMETER/DEPTH:** _____

IS SUBECT PARCEL WITHIN 200 FEET OF A PUBLIC WATER MAIN? YES NO

ATTACH REQUIRED SITE PLAN DRAWING: A scale drawing illustrating property lines, existing buildings, existing and proposed wells, public water mains, drainfields, easements, and underground storage tanks such as fuel oil & gasoline tanks.

By signing this application I am attesting that I have the proper authorization to do so and that the information provided is accurate to the best of my knowledge. I understand that, as the applicant or owner, I am responsible for obtaining all other permits and/or approvals that may be required by other agencies in addition to those rquired by Delta Township. I also understand that the granting of a private well license by Delta Township is not a guarantee of future system operation, and that no such assurances are implied or stated. Finally, I understand that a private well license, if issued by the Township Board, expires in five (5) years from the date of issuance.

APPLICANT'S SIGNATURE:
 X _____ **Date:** _____

OWNER'S SIGNATURE:
 X _____ **Date:** _____

-OFFICIAL USE ONLY-

ORIGINAL RENEWAL

FILING DATE: _____

REC'D BY: _____ RECEIPT NO: _____

BOARD ACTION: _____ DATE: _____