

REQUEST FOR DEVIATION WATER WELL INSTALLATION

Monroe County Health Department
Environmental Health Division
2353 South Custer, Monroe, Michigan 48161
Telephone (734) 240-7900

I (We) _____

The undersigned and owners of the parcel described as follows:

ADDRESS (STREET AND NUMBER): _____

TOWNSHIP: _____

PROPERTY ID NUMBER: _____

I (We) have submitted an application to have a water well drilled to service an existing single or two-family residential dwelling located on the above-referenced parcel. An evaluation was conducted by a representative of the Environmental Health Division on _____ for the purpose of determining if the site has an acceptable location for a water well to be drilled and all parts of Groundwater Quality Control, Part 127 of Act 368 of the Public Acts of 1978 as amended and Chapter III of the Monroe County Sanitary Code can be met. The evaluation has disclosed that the following condition(s) were found on the parcel:

- The parcel lacks sufficient isolation distances from _____
- Water line from well to house is not proper PSI rating.
- Other: _____

(I) WE ARE REQUESTING THE FOLLOWING DEVIATION (S): _____

By copy of this request, I (we) are requesting a deviation to install a water well as set forth in the Public Health Code. Should the deviation be granted and the permit issued, I agree to the following:

- 1) I (we) are fully aware of the conditions on this parcel that are not conducive to the proper installation of a drilled water well per the Groundwater Quality Control, Part 127 of Act 368 of the Public Acts of 1978 and the Monroe County Sanitary Code Chapter III.
- 2) I (we) are fully aware that a reduction in isolation from any source of possible contamination represents a reduction in protection for the water supply.
- 3) The owner understands and acknowledges that the County of Monroe and the Monroe County Health Department assumes no responsibility or liability in granting a variance and, therefore the owner agrees to hold harmless the County of Monroe as well as the Monroe County Health Department and its employees and agents from any and all liability, loss, and/or damages arising from the potential problems from said deviation

The owner understands that failure to comply with the above may result in the condemnation of the dwelling declaring it as unfit for human habitation and proceeding with legal action as provided for in the Monroe County Sanitary Code and the Groundwater Quality Control Act.

SIGNATURE OF OWNER(S)

DATE

REQUEST REVIEWED BY: _____

DATE: _____

DENIED OR GRANTED: _____

COMMENTS: _____