



PRIVATE WELL REQUEST

202 West 5th Street, Clare Michigan 48617
(989) 386-7541 phone (989) 386-4508 fax
www.cityofclare.gov

\$20.00 Application Fee

A REQUEST FOR INSTALLATION OR ENLARGEMENT OF A PRIVATE WATER WELL AS DEFINED IN CHAPTER 46 OF THE CLARE CITY CODE. THE WELL MUST BE A MINIMUM OF 25 FEET DEEP AND A MAXIMUM OF TWO(2) INCHES IN DIAMETER

NAME OF PROPERTY OWNER: _____ DATE: _____

PHONE: _____ EMAIL: _____

PROPERTY OWNER ADDRESS: _____

ADDRESS OF WELL REQUEST: _____
(IF DIFFERENT FROM ABOVE)

PROPERTY ID# OF WELL REQUEST: _____ PURPOSE: _____

APPROXIMATE WELL DEPTH (25' MINIMUM): _____ DIAMETER (1-1/4" MINIMUM): _____

DESCRIPTION OF APPROXIMATE PROPOSED LOCATION OF REQUESTED WELL: _____

SIGNATURE OF PROPERTY OWNER

DATE

DATE FEE RECEIVED: _____ CASH - CC - CHECK _____ BY: _____
(CIRCLE ONE)

PERMIT APPROVED _____

PERMIT DENIED _____

DATE APPROVED/DENIED

CITY CLERK OR AUTHORIZED REPRESENTATIVE