



# PRIVATE WELL REQUEST

202 West 5<sup>th</sup> Street, Clare Michigan 48617  
(989) 386-7541 phone (989) 386-4508 fax  
[www.cityofclare.gov](http://www.cityofclare.gov)

A REQUEST FOR INSTALLATION OR ENLARGEMENT OF A PRIVATE WATER WELL AS DEFINED IN CHAPTER 46 OF THE CLARE CITY CODE.

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

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See the current fiscal year's fee and rate schedule for the fee amount

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

PERMIT APPROVED \_\_\_\_\_

PERMIT DENIED \_\_\_\_\_

\_\_\_\_\_  
DATE APPROVED/DENIED

\_\_\_\_\_  
CITY CLERK OR AUTHORIZED REPRESENTATIVE