

GRAND TRAVERSE COUNTY
DEPARTMENT OF PUBLIC WORKS

PRIVATE WELL PERMIT

WHEREAS, a private well exists on my property; and

WHEREAS, this well was properly permitted and constructed in accordance with the rules and regulations of the State of Michigan; and

WHEREAS, this well currently meets the construction criteria for private wells; and

WHEREAS, I intend to connect to a municipal water supply for normal domestic purposes; and

WHEREAS, I am electing to maintain this well on my property for irrigation purposes only:

I HEREBY AGREE to use and maintain my private well in strict accord with the terms and conditions of my local water use ordinance(s), the DEQ *Cross Connection Rules Manual* and the *Well Construction Code Administrative Rules*.

I FURTHER AGREE to properly abandon this well if any future rule, regulation or policy requires this of me.

Owner's Signature _____

Printed Name _____

Address _____

Parcel ID _____

Date _____

For Office Use:

DEQ Pamphlet (EQC 2058) Attached

Copy to the Health Department