

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