

**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