



APPLICATION FOR AUXILIARY WELL REGISTRATION

Auxiliary well registration can be used in lieu of well abandonment when a property has connected to a municipal water supply and the well is intended to serve as a non-potable water source that is maintained separately from the home's municipal water supply. For a well to be registered as auxiliary, it must be capable of producing water in a system separate from the home's municipal water supply. Failure to conform to this requirement will revert the well to abandoned status and will result in an order from the Washtenaw County Environmental Health Division to plug the abandoned well.

I certify the information provided is complete and accurate. I acknowledge I am the property owner or am acting as an authorized representative on behalf of the property owner. I agree to allow the inspection of the registered auxiliary well if requested by the Washtenaw County Environmental Health Division. I understand that this well must be plumbed separately from the home's potable water supply and that this well must be maintained in an active, functional state. I acknowledge this well is still subject to inspection during Time-of-Sale review when this property is sold.

Applicant Signature: _____

Date: _____

Property Information

| | | | |
|-------------------------|------------------------|-----|--|
| Property Tax ID # | Township | | |
| Property street address | City | Zip | |
| Township | Municipal water supply | | |

Applicant Information

| | | | |
|----------------|-------|-------|-----|
| Name | | | |
| Street address | City | State | Zip |
| Phone | Email | | |

Well Information

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|---|
| Intended use of well: |
| Description of well location: |
| Well diameter: _____ inches |
| Well termination (check one): <input type="checkbox"/> Above grade in yard <input type="checkbox"/> Basement off-set <input type="checkbox"/> Below grade in pit <input type="checkbox"/> Other, please describe: _____ |
| Casing material (check one): <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Other, please describe: _____ |
| Pump location (check one): <input type="checkbox"/> In well (submersible) <input type="checkbox"/> Outside of well (jet) |

Office Use Only

Receipt

| | |
|--------|------------|
| Case # | CSS |
| Case # | Sanitarian |