



Washtenaw County Department of Public Health
 Environmental Health Division
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AUXILIARY WELL REGISTRATION FORM

Auxiliary well registration can be used in lieu of well abandonment, only for those properties that have 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. In order for a well to be registered, 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 result in an order from this office to plug the abandoned well.

PROPERTY ADDRESS

Property Tax ID #: _____ - _____ - _____ - _____ - _____ Township: _____

Address of Property: _____

City: _____ Zip: _____

OWNER INFORMATION

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Municipal service provider: _____ Township: _____

Intended use: _____

Date of request: ____ / ____ / ____

WELL INFORMATION

WELL DIAMETER: _____ Inches WELL LOCATION (describe): _____

WELL TERMINATION (check one): Above grade in yard Basement off-set Below grade in pit
 Describe if termination is other than above: _____

CASING MATERIAL (check one): Metal Plastic Other (explain): _____

PUMP LOCATION: In well (submersible) Outside of well (jet)

By signing below, I hereby certify that the information provided is complete and accurate. I agree to allow the inspection of the registered well if requested by the Washtenaw County Environmental Health Division (WCEHD). I understand that the subject well must be plumbed separately from the home's potable water supply and that the well must be maintained in an active, functional state. I acknowledge this well is still subject to inspection during Time-of-Sale review.

 Signature of Property Owner

 Date

FOR OFFICE USE ONLY

CSS: _____ Approved by: _____
Sanitarian

Permit #: _____ Inspection Date: ____ / ____ / ____