

REPLACEMENT WELL
Abandoned Well Response Form
(to be filled out by the well owner)

Name: _____

Daytime Phone: _____

Address _____

*****ATTENTION OWNER*** - If you, the owner, do not live at the above referenced property, a licensed well driller must be hired to plug the old well.**

Status of my existing well:

- I PLAN TO HIRE A WELL DRILLING CONTRACTOR TO PLUG THE WELL.
- I PLAN TO PLUG THE WELL MYSELF - I WILL NOTIFY YOUR DEPARTMENT BEFORE I PROCEED AND WILL SUBMIT AN ABANDONED WELL PLUGGING RECORD AFTER I COMPLETE THE WORK.

The well will be plugged by: _____
(Company or Person)

By this date: _____
(Date)

I have chosen not to abandon my well. I will meet the requirements of the Groundwater Quality Control Rules in the following manner:

- KEEP WELL ACTIVE

I affirm that the existing well is in operational condition at this time, and that there are no plumbing connections (cross connections) between the piping serving the existing well and the piping system serving the structure now connected to the new well.

- RETAIN IN "TEMPORARY ABANDONED" STATUS

I have taken the existing well out of service at this time, and wish to retain it for use in the future. I affirm that the well complies with current State of Michigan well construction standards, is properly isolated from potential sources of contamination (i.e., sewage systems, sewer lines, underground tanks, etc.), is disconnected from all distribution piping, and has the top of the casing securely capped with a threaded, welded, or solvent welded, watertight cap to prevent entrance of surface water or foreign materials into the well.

I understand that by not plugging the well, I am assuming responsibility for proper maintenance of the well to prevent ground water contamination and prevent it from becoming a physical safety hazard. If I sell my property, it is my obligation to disclose the presence of the well, pursuant to the Seller Disclosure Act, PA 92 of 1993.

If not plugged, it must be verified that the condition of the well does not pose a health or physical threat to the public. This is done by physically examining the well itself.

- IN THE EVENT THAT I AM NOT HOME, I GIVE PERMISSION FOR A LENAWEЕ COUNTY HEALTH DEPARTMENT REPRESENTATIVE TO ENTER ONTO MY PROPERTY FOR THE SOLE PURPOSE OF VERIFYING MY WELL STATUS AND CONDITION.
- A HEALTH DEPARTMENT REPRESENTATIVE MAY NOT CHECK THE STATUS OF MY WELL IN THE EVENT THAT I AM NOT HOME.

Signature _____

Date _____