



SANILAC COUNTY HEALTH DEPARTMENT

171 DAWSON STREET-STE 123, SANDUSKY, MI 48471

REPLACEMENT WELL

Abandoned Well Response Form

(to be filled out by the well owner)

Name: _____ Daytime Phone: _____

Address of Well: _____ Parcel ID# _____

*****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.**

I PLAN TO DO THE FOLLOWING WITH MY WELL:

- HIRE A WELL DRILLING CONTRACTOR TO PLUG THE WELL.
- 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: _____ **By this date:** _____
(Company or Person) (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.

Signing this form does not guarantee your well will not have to be plugged. The Department or Health Officer may order a Well Owner or a Registered Well Driller to plug an abandoned well. If you indicated you do not want to abandon your well, 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 examining the well physically and/or through documentation. The well may be evaluated at the same time the New Well installation inspection is conducted, and if it poses a health or physical risk to the public, it will be required to be properly abandoned.

Shallow crock wells are generally considered unacceptable and must be abandoned regardless of its use.

Owner Signature: _____ Date: _____

Office Use Only	Circle One		Circle One		Name: _____	
	Response Approved	Yes	NO	Is Well Required to be Abandoned	Yes	No