



Kalamazoo County

Health & Community Services

Environmental Health

Linda Vail Buzas, MPA
Director, Health Officer

WELL IRRIGATION CONFIRMATION

This is to confirm my decision as the property owner of _____ to keep my water well in service, for irrigation purposes, after connection to the municipal water supply. To the best of my knowledge, my water supply well is in compliance with current construction regulations. I am also aware that the City of Kalamazoo and/or the City of Portage may require installation of a reduced pressure back flow preventer (RPZ) on the municipal water service line into my dwelling and periodic testing, at my cost, may be necessary. This is to insure the protection of the city water supply. I will contact the City of Kalamazoo or the City of Portage offices for more specific requirements.

I am aware, that at the time I discontinue use of my water well, I must properly plug the abandoned well in accordance with the Ground Water Quality Control Act.

Signed: _____ **Date:** _____

Please Print Name: _____

Mailing Address: _____

