

Ann Arbor Charter Township

Private Well Water Information Submission

Ann Arbor Charter Township is collecting information from residents regarding private well conditions and water quality. The information provided will help better understand potential impacts to private wells. Submitting this form is voluntary. At the end of the survey, you will be asked to email documentation to support your responses. If available, please have relevant documents ready.

Name (First, Last)

Email address

Phone number (optional)

What is your address in the Township?

Describe the approximate distance from the center of the MMM Vella Pit.
If known, please estimate in feet or miles.

What type of private well do you own?

Single-family residential

Multi-unit residential

Agricultural

Other

If known, please provide the approximate date the well was installed below.

Has your well's static water level changed since Summer 2022?

Yes

No

Unsure

What is the depth of your well pump if known?

Do you have water quality concerns associated with your well? Please select all that apply below.

Turbidity/cloudy water

Brown or discolored water at tap

Odor

Other

If you have experienced water quality concerns, please state the date (Month/Date/Year) you first observed them, state their duration, and indicate if they are ongoing.

How often have you had to change your filter **since Summer 2022** compared to how often you had to change your filter **prior to Summer 2022**?

More frequently than usual

About the same as usual

Less frequently than usual

Not applicable/no filter

Unsure

Have you had a water treatment specialist evaluate your water quality issue?

Yes

No

If yes, what is the recommendation of the water treatment specialist? Please explain below and if available, provide documentation of this recommendation later in the survey.

What costs have you incurred or are anticipated? Please explain below and provide receipts/estimates, if available, later in the survey.

Have you had the water tested either at the well or the inside tap?

Yes

No

Unsure

Do you desire reimbursement from MMM?

Yes

No

Why do you believe MMM caused your water quality concerns?

Please attach relevant documentation that support your claim (e.g. water treatment specialist recommendation, receipts, etc.).

Is there any other information about your well you would like us to know? Please explain below.

May we contact you?

Yes

No

Please return completed form and any attachments to: clerk@aatwp.org

Ann Arbor Charter Township

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