

**WELL PERMIT APPLICATION
PARKE COUNTY, INDIANA**

PERMIT NUMBER _____

RECEIPT NUMBER _____

DATE OF APPLICATION _____

NAME OF OWNER _____

ADDRESS _____

PHONE NUMBER (____) _____

WELL DRILLER NAME _____

WELL DRILLER ADDRESS _____

PROPERTY LOCATION:

TOWNSHIP _____ **SECTION** _____ **RANGE** _____

SUBDIVISION NAME _____ **LOT NUMBER** _____

TYPE OF WELL:

RESIDENTIAL _____ **INDUSTRIAL** _____ **TESTING** _____

SIGNATURE OF OWNER OR AGENT _____

FEE: \$50.00

PAYABLE TO: Parke County Plan Commission

116 W. High St., Room 105

Rockville, IN 47872

PERMIT ISSUED BY:

BETH MARTIN

ADMINISTRATOR, PARKE COUNTY PLAN COMMISSION