

KOSCIUSKO COUNTY HEALTH DEPARTMENT  
PERMIT APPLICATION FOR  
PRIVATE WATER WELL  
Telephone: 574/372-2349  
Fax: 574/269-2023

Permit # \_\_\_\_\_  
New Home \_\_\_\_\_ Existing \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Issued By \_\_\_\_\_  
Septic Permit # \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (day) \_\_\_\_\_ (Attach Site Plan)

I hereby request a permit to construct a private water well system at the following location.  
(State or Rural Address - use map, road numbers, or EMS lanes when possible.) Please give  
detailed directions to help us find the location.

Property Key: \_\_\_\_\_ Township: \_\_\_\_\_ Section: \_\_\_\_\_

Well Driller's Name: \_\_\_\_\_ Lot Size: \_\_\_\_\_

The Applicant chooses to: (check one)  
\_\_\_\_\_ Assume the responsibility of providing the necessary water analysis to the Kosciusko Co.  
Health Dept. within 45 days of well completion.  
\_\_\_\_\_ Contact the Kosciusko Co. Health Dept. to schedule an initial free water test 30 days  
after well has been installed.

I hereby certify that the facilities at the above location will be installed in compliance  
with Kosciusko County Health Ordinance 08-09-02-001 and as outlined in the application. I  
further certify that to the best of my knowledge, all information contained in this  
application is correct and that I have read and understand Article VI, Section 1 which states:  
Any person who violates any provision of this Ordinance will be deemed to have committed an  
ordinance violation and upon conviction shall be fined not more than \$250.00 for the first  
violation and not more than \$500.00 for the second and each subsequent violation. Each day a  
violation continues after the expiration of the time set forth in any order issued under this  
ordinance for abating unsafe conditions and completing improvements as ordered by the Health  
Officer constitutes a separate violation.  
Any person violating any provision of this Ordinance will be liable to the County for any  
expense, including attorney fees, loss or damage suffered by the County due to that violation.  
Nothing in this Ordinance shall be deemed or construed to bar, abridge or limit in any way any  
existing legal or equitable remedies for the abatement of a private or public nuisance.

Signature of Applicant: \_\_\_\_\_ DATE: \_\_\_\_\_

- - - - - TO BE COMPLETED BY KOSCIUSKO COUNTY HEALTH DEPARTMENT - - - - -

<u>50</u> feet	Distance from well to agriculturally productive ground
<u>5</u> feet	Distance from well to nearest dwelling or other structure
<u>50</u> feet	Distance from well to nearest underground storage tanks for fuel or chemicals
<u>25</u> feet	Distance from well to nearest permanently fixed above-ground storage tanks for fuel or chemicals
<u>50</u> feet	Distance from well to nearest septic tank
<u>50</u> feet	Distance from well to nearest septic field
<u>200</u> feet	Distance from well to nearest earthen manure pit
<u>50</u> feet	Distance from well to nearest concrete manure pit
<u>600</u> feet	Distance from well to nearest sanitary landfill
<u>25</u> feet	Distance from well to nearest lake, pond, river, stream, or open public ditches
<u>5</u> feet	Distance from well to nearest property line

Well casing must extend 12 inches minimum above grade and 24 inches above the regulatory  
flood plain elevation.  
Minimum well depth \_\_\_\_\_

Additional Notes: \_\_\_\_\_

**\*ABANDONED WELL(S) TO BE PROPERLY PLUGGED AND GROUTED AT TIME NEW WELL IS PLACED IN SERVICE\***

NOTE: A copy of the well log shall be provided to the Kosciusko County Health  
Department within 45 days from the date of well completion.

Site Inspector \_\_\_\_\_ Date \_\_\_\_\_  
Final Inspector \_\_\_\_\_ Date \_\_\_\_\_

**Water Quality Analysis:**

**Total Coliform** Date of initial sample: \_\_\_\_\_  
Result of initial sample: \_\_\_\_\_

**Nitrate/Nitrogen** Date of initial sample: \_\_\_\_\_  
Result of initial sample: \_\_\_\_\_ Sample # \_\_\_\_\_

**Well Construction** Depth: \_\_\_\_\_ Diameter: \_\_\_\_\_ Plugged: \_\_\_\_\_  
Well Driller: \_\_\_\_\_

Follow-up data (if needed): \_\_\_\_\_

Since many interrelating factors contribute to the failure of a water well system or sewage  
disposal system, acceptance does not imply approval and cannot be considered as a guarantee by  
the Health Department that successful operation is assured.

Permit fee ~~\$16.00~~ <sup>25</sup> Permit expires one year from date issued.

Copies: White/Health Dept. Yellow/Contractor Pink/Applicant