

Pulaski County Health Department

Health Officer: Dr. Timothy R. Day

APPLICATION FOR WELL PERMIT

DATE:

RESIDENTIAL

COMMERCIAL

NEW CONSTRUCTION

REPLACEMENT

REPAIR

TYPE OF WATER SUPPLY:

WELL

MUNICIPAL

PROPERTY OWNER:

PHONE:

ADDRESS:

E - MAIL:

APPLICANT:

PHONE:

ADDRESS:

E - MAIL:

INSTALLER (MUST BE INSURED AND BONDED):

PHONE:

E - MAIL:

REVOCATION OF THIS PERMIT SHALL BE IN WRITING TO THE PROPERTY OWNER AND/HIS OR HER AGENT: SHALL STATE THE REASONS FOR REVOKING THE PERMIT; REMEDIAL ACTIONS NECESSARY AND UPON WRITTEN REQUEST AFFORD THE APPLICANT THE OPPORTUNITY FOR A FAIR HEARING.

UPON CONDITIONAL APPROVAL, THE BELOW SIGNATURE WILL ACCEPT THE RESPONSIBILITY THAT THE PROPOSED SYSTEM MAY NOT FUNCTION PROPERLY AT TIMES. FINAL APPROVAL SHALL NOT BECOME EFFECTIVE UNTIL THE INSTALLATION IS COMPLETED TO THE SATISFACTION OF THE HEALTH OFFICER OR HIS DESIGNEE. APPROVAL OF THIS INSTALLATION IS NOT GUARANTEE THAT THE PROPOSED SYSTEM WILL PROVIDE TROUBLE FREE SERVICE. PROPER INSTALLATION AND MAINTENANCE WILL DECREASE THE POSSIBILITY OF FAILURE.

APPLICANT SIGNATURE:

DATE:

SANITARIAN SIGNATURE:

DATE:

(574) 946 – 6080

125 S Riverside Drive – Winamac, IN 46996

(219) 567 – 2175

101 Constitution Drive – Francesville, IN 47946

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DRAWING OF WELL LOCATION ON PROPERTY

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www.in.gov/localhealth/pulaskicounty/