



ST. JOSEPH COUNTY

Department of Health Environmental Division

"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"

CONTRACTOR REGISTRATION – WELL

BUSINESS INFORMATION:

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ E-MAIL: _____

(For Department of Health Use ONLY)

TELEPHONE #: _____ FAX #: _____

MOBILE #: _____ PAGER #: _____

OWNER INFORMATION:

LAST NAME: _____ FIRST: _____ MIDDLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

TELEPHONE #: _____ FAX #: _____

MOBILE #: _____ PAGER #: _____

Name of Driller who has passed County Exam: _____

SURETY BOND INFORMATION: (\$10,000 Payable to ST. JOSEPH COUNTY DEPARTMENT OF HEALTH)

POLICY #: _____

INSURANCE CARRIER and AGENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ FAX #: _____

FOR OFFICE USE ONLY!

DRILLER / CONTRACTOR ID#: _____ TRANSACTION #: _____

DATE ISSUED: _____ SURETY BOND EXPIRES: _____

DNR WATER WELL DRILLING LICENSES' (Attach copies - Well Drillers ONLY): _____

ISSUED BY (surety bond made payable to St. Joseph County Department of Health): _____ Waiver on File