



**ST. JOSEPH COUNTY**  
DEPARTMENT OF HEALTH  
*Prevent. Promote. Protect.*

## St. Joseph County Department of Health

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

### APPLICATION FOR WAIVER

#### FROM COUNTY CODE 52 REQUIREMENT TO ABANDON A WELL

**Address of Property:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: IN Zip: \_\_\_\_\_

**Background:**

County Code 52 requires that wells no longer in service be abandoned according to specific requirements because they are a threat to the quality of the groundwater. They may endanger the health of the persons using nearby wells because contaminants may be easily washed down the old well directly into the groundwater. However, the location of some wells may not be known and some wells can not be abandoned except through extraordinary measures because of site conditions.

**Waiver Application:**

I am requesting that I not be required to abandon my old well at the address shown above because of the reason stated below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that if the well becomes accessible for abandonment in the future, a Well Abandonment Permit must be obtained and the well must be abandoned by a licensed well driller. Failure to abandon a well which is sufficiently accessible may subject me to the penalties identified in County Code 52. I accept full responsibility for any effects that may result from not abandoning the well, and agree to hold the Department of Health harmless from any and all adverse actions that may result from the granting of this variance.

\_\_\_\_\_  
Printed Name of Homeowner

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date

This variance is not valid unless approved by the Department of Health. This variance may be withdrawn by the Department of Health at any time if the applicant does not fully meet the conditions specified below.

**Department of Health Approval:**

Conditions of approval: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Environmental Health Director

\_\_\_\_\_  
Date