



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

St. Joseph County Department of Health

"To promote health and wellness with compassion and integrity through partnerships, education, protection, and advocacy for all who reside in and visit St. Joseph County."

Water Supply Well Permit Application

WELL INFORMATION

Residential use: _____ Non-residential/non-public: _____ Public use: _____

Potable: _____ Non-potable: _____ Abandonment only (No Fee): _____

If non-potable well (check one): Monitoring: _____ Irrigation: _____ Specify other: _____

Geothermal closed loop: _____ Geothermal open loop: _____ Number of bore holes: _____

Proposed Well Diameter: 2" _____ 4" _____ 8" _____ 12" _____ Other: _____ Proposed Depth: _____

Existing well will be abandoned: Yes (No fee required): _____ **No (Fee required):** _____ No existing well: _____

Drilling Company: _____ (Must be identified prior to a permit being issued)

SITE INFORMATION

Street Address: _____ City: _____ Zip: _____

Subdivision (if no address available): _____ Phase: _____ Lot #: _____

Parcel ID: _____

Directions: _____

OWNER INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ E-Mail: _____

APPLICANT INFORMATION

Company Name: _____ Same as Owner?

Company Representative's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Fax: _____ E-Mail: _____

Permit notification to: Owner: _____ Applicant: _____ Driller: _____ /Notification via: Phone: _____ Fax: _____ Mail: _____ E-Mail _____

CERTIFICATION

I hereby certify that I have the authority to and do hereby grant permission and consent for authorized representatives of the Department of Health (DOH) to enter the property listed above during normal business hours and without any other permission to perform all necessary and reasonable activities to ensure compliance with all applicable laws and rules pertaining to this permit.

I hereby certify that the information above is true to the best of my knowledge. I am aware that any misrepresentation, falsification, and/or changes in information without consulting the DOH are grounds for denial or revocation of the permit and penalties as prescribed in County Code 52.

Signature of Applicant: _____ Date: _____

Please send all electronic correspondence for the Environmental Health Unit to envirohd@sjcindiana.com