



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"

## 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 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 to enter upon 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 Department of Health 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](mailto:envirohd@sjcindiana.com)