



**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."*

## CONTRACTOR REGISTRATION – WELL

Valid until January 31st

### 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