



St. Joseph County Health Department

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

DRAWING REQUIREMENTS

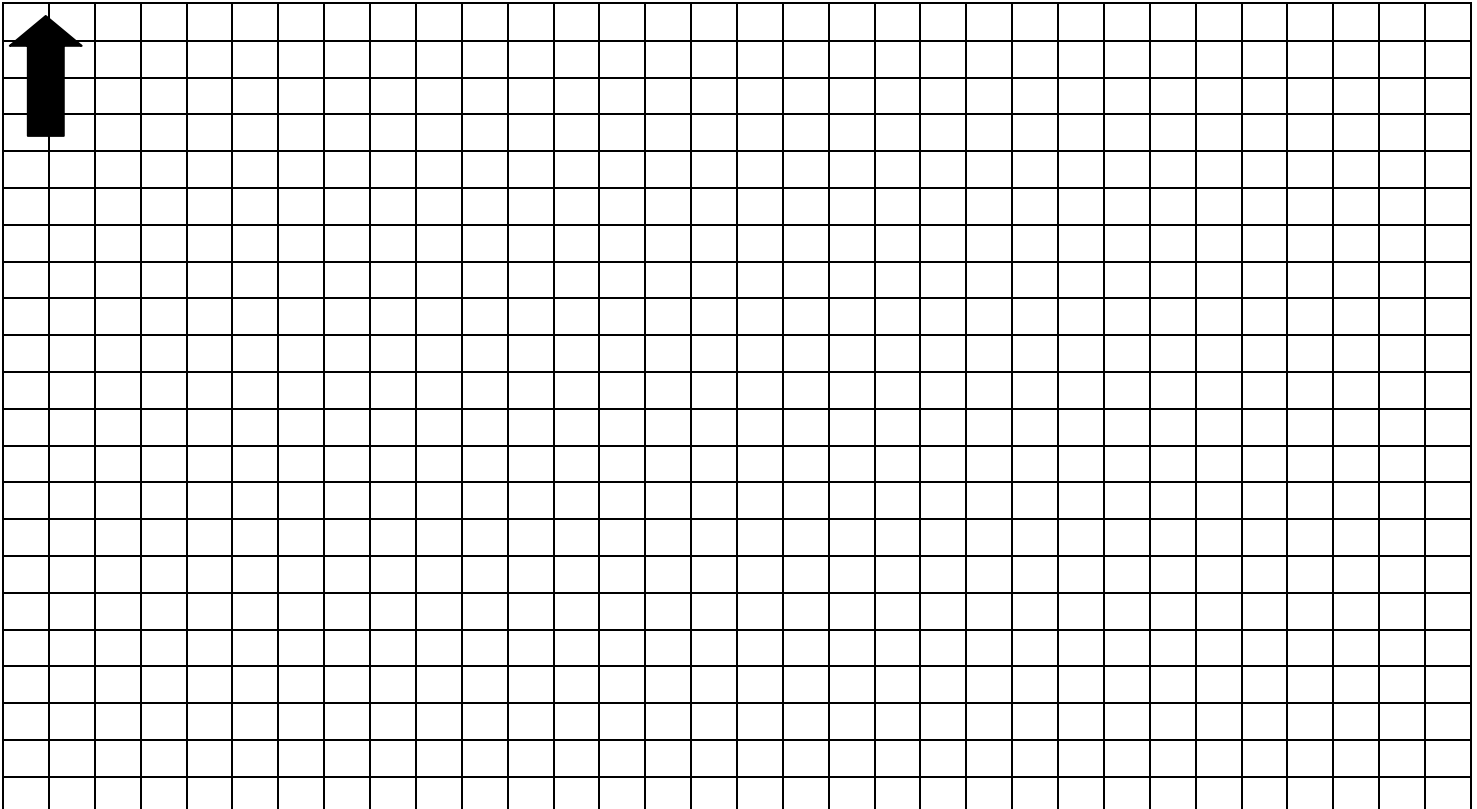
Non-Residential / Non-Public Water Supply Wells

1. Show and label the business to be served by the well
2. Show and label the location of the proposed water supply well
 - a. Show the distance from the proposed well to the nearest structure (non-residential minimum separation distance of 10 feet)
 - b. Show the distance from the proposed well to the nearest property lines (non-residential minimum separation distance of 100 feet)
 - c. Show the distance from the proposed well to the owner’s septic system [this includes the septic tank or distribution lines, whichever is closest] (non-residential minimum separation distance of 100 feet)
 - d. Show the distance from the proposed well to the septic system on adjacent properties, if the well is within 100 feet of the property line (non-residential minimum separation distance of 100 feet)
3. Show the location of the existing well to be abandoned and its distance to the nearest structure
4. Show the distance from any body of water, if applicable, to the proposed water supply well (non-residential minimum separation distance of 50 feet).
5. Show and label the location of any underground storage tank(s) and their distance to the proposed well.

NOTE: All drawings submitted to the St. Joseph County Health Department for a replacement water supply well permit must show the information listed above **in detail** (numbers 1 thru 5). Please submit the drawing along with a completed application and \$50 permit fee to the St. Joseph County Health Department for approval. **Our office accepts cash (no \$100 bills), credit card (MasterCard and Visa), cashiers check, money order or business check only – no personal checks are accepted. Our office hours for payment of permits are 8:00am to 3:45pm, Monday through Friday. FAILURE to complete the drawing in its entirety will delay the approval of the well permit.**

Address _____

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Print Name: _____

Signature: _____

Company: _____

Date: _____