



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”

CONTRACTOR REGISTRATION - WELL Valid January 31, 200_ - January 31, 200_

BUSINESS INFORMATION:

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ E-MAIL: _____

(For Health Department 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 HEALTH DEPARTMENT)

POLICY #: _____

INSURANCE CARRIER and AGENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ FAX #: _____

FOR OFFICE USE ONLY!

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 Health Department?): _____