



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"

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: _____ Geothermal: _____ Irrigation: _____ Specify other: _____

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

Well driller: _____ (Must be identified prior to permit being issued)

Proposed well location is staked? Yes _____ No _____ (Well location must be staked)

OWNER INFORMATION

Name: _____

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

Telephone #: _____ Work/cell #: _____ Fax #: _____

Person to contact when permit is ready: _____ Telephone #: _____

Notify me of approval/disapproval by (choose one): Phone: _____ Fax: _____ Mail: _____

SITE INFORMATION

Street Address: _____ City: _____ Zip: _____

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

Township: _____

Directions: _____

CERTIFICATION

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 Health Department are grounds for denial or revocation of the permit and penalties as prescribed in County Code 52.

Signature of Applicant: _____ Date: _____

-----OFFICE USE ONLY BELOW THIS LINE-----

_____	_____	_____
PERMIT ISSUED TO	HOMEOWNER / COMPANY	DATE
_____	_____	
APPLICATION NUMBER	TRANSACTION NUMBER	